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1963

TRANSACTIONS

OF THE CANADIAN DENTAL ASSOCIATION



**ANNUAL MEETING
ROYAL YORK HOTEL, TORONTO
MAY 15-18, 1963**

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
ROYAL YORK HOTEL, TORONTO
MAY 15-18, 1963

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OFFICIALS

1962 - 1963

(For 1963-64 officials see Nominations Report)

Officers

<i>President</i>	M. V. J. KEENAN, Sudbury
<i>President-elect</i>	J. ZIMMERMAN, Calgary
<i>Immediate Past President</i>	WM. MILLER, Vancouver
<i>Secretary</i>	D. W. GULLETT, Toronto
<i>Treasurer</i>	G. M. DEWIS, Halifax

Executive Council

M. V. J. KEENAN, WM. MILLER, J. ZIMMERMAN, R. LANGLOIS
P. S. CHRISTIE J. P. COUPLAND W. J. RILEY

Board of Governors

W. P. MUNSIE	1401 Medical-Dental Bldg., Vancouver 1, B.C.
J. ZIMMERMAN	810 Greyhound Bldg., Calgary, Alta.
R. O. BRETT	250 Medical-Dental Bldg., Regina, Sask.
W. J. RILEY	505 Medical Arts Bldg., Winnipeg, Man.
W. G. BRUCE	Kincardine, Ont.
J. P. COUPLAND	142 Laurier Ave. W., Ottawa, Ont.
E. T. GUEST	Dental Div., Ont. Dept of Health, 67 College St., Toronto 2, Ont.
A. H. LECKIE	606 Medical Arts Bldg., Hamilton, Ont.
O. J. YULE	74 St. Clair Ave. W., Toronto, Ont.
J. M. CHAMARD	1509 Sherbrooke St. W., Montreal, P.Q.
J. P. LACHAPELLE	5840 Hochelaga St., Montreal, P.Q.
R. LANGLOIS	401 Grande Allee E., Quebec, P.Q.
J. F. EDGECOMBE	42 Cobourg St., Saint John, N.B.
P. S. CHRISTIE	5690 Spring Garden Rd., Halifax, N.S.
A. L. MACISAAC	111 Kent St., Charlottetown.
J. M. DARCY	T.A. Bldg., Duckworth St., St. John's, Nfld.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	<u>1st Ses. May 15 9.30 a.m.</u>	<u>2nd Ses. May 16 2.00 p.m.</u>	<u>3rd Ses. May 17 9.00 a.m.</u>	<u>4th Ses. May 17 2.00 p.m.</u>	<u>5th Ses. May 18 9.00 a.m.</u>
<i>Board of Governors</i>					
*Bernier, L.	v	v	v	v	
Brett, R. O.	v	v	v	v	v
Bruce, W. G.	v	v	v	v	v
Chamard, J. M.	v	v	v	v	v
Christie, P. S.	v	v	v	v	v
Coupland, J. P.	v	v	v	v	v
Darcy, J. M.	v	v	v	v	v
Edgecombe, J. F.	v	v	v	v	v
Guest, E. T.	v	v	v		v
Langlois, R.	v	v	v	v	v
Leckie, A. H.	v	v	v	v	v
MacIsaac, A. L.	v	v	v	v	v
Miller, Wm.	v	v	v	v	v
Munsie, W. P.	v	v	v	v	v
Riley, W. J.	v	v	v	v	v
Yule, O. J.	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v
Keenan, M. V. J., Pres.	v	v	v	v	v
Dewis, G. M., Treas.	v	v	v	v	v
Gullett, D. W., Sec'y.	v	v	v	v	v

Chairmen

Antoni, A. A.	v	v	v	v	v
Baril, G.		v			
Cline, H. M.	v	v	v	v	v
Crowson, A. H.	v	v	v	v	v
Lowery, R. P.	v	v			
Lussier, J. P.	v	v	v	v	v
MacLean, H. R.		v	v	v	v
McCombie, F.		v	v	v	v
McGuigan, J. P.	v	v	v	v	v
McIntosh, W. G.	v	v	v	v	v
Paynter, K. J.	v	v	v	v	v
Purves, J. D.	v	v	v	v	v
Rogers, M. A.	v	v	v	v	v
Compton, F. H.	v	v	v	v	v
de Montigny, G.	v	v	v	v	v

*alternate for J. P. Lachapelle

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	<u>1st Ses. May 15 9.30 a.m.</u>	<u>2nd Ses. May 16 2.00 p.m.</u>	<u>3rd Ses. May 17 9.00 a.m.</u>	<u>4th Ses. May 17 2.00 p.m.</u>	<u>5th Ses. May 18 9.00 a.m.</u>
<i>Members</i>					
Anderson, P. G.	v	v		v	
Baird, K. M.	v		v	v	v
Beach, H. N.	v	v	v	v	v
Brake, J. J.			v		
Brouillet, H.	v	v	v	v	
Brown, H. K.	v	v	v	v	v
Campbell, W. G.		v	v	v	v
Caplan, H.					v
Charette, R.	v	v	v	v	v
Clappison, R. A.		v			
Clark, W. L.	v	v	v	v	v
Clay, J. W.					v
Connor, R. A.	v	v	v	v	v
Cooke, T. J.		v	v	v	
Cornish, M.				v	
Cummings, J. C.		v	v	v	v
Decker, G. E.	v	v	v	v	v
Deedrick, D. C.	v	v	v	v	v
Dunn, W. J.	v	v	v	v	v
Ellis, R. G.	v	v	v	v	v
Fisk, G. V.	v	v		v	
Hancock, W. F.		v	v	v	
Hastings, L. E.		v	v	v	v
Jarjour, W. G.	v				
Johnson, J. H.	v	v	v	v	v
Kavanagh, E. P.		v	v		v
Kilburn, L. A.	v	v	v		v
Kohli, F. A.	v	v		v	
Le Blanc, R.	v	v	v	v	v
Leung, S. W.			v	v	
McColeman, W. J.		v			
Neilson, J. W.			v	v	v
Oliver, A. W.	v	v	v	v	v
Oliver, H. T.	v	v	v	v	v
Powell, H. B.					v

continued

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	<u>1st Ses.</u> <u>May 15</u> <u>9.30 a.m.</u>	<u>2nd Ses.</u> <u>May 16</u> <u>2.00 p.m.</u>	<u>3rd Ses.</u> <u>May 17</u> <u>9.00 a.m.</u>	<u>4th Ses.</u> <u>May 17</u> <u>2.00 p.m.</u>	<u>5th Ses.</u> <u>May 18</u> <u>9.00 a.m.</u>
<i>Members</i>					
Prendergast, W. K.	v				
Ratte, G.					v
Reid, H. W.		v		v	v
Siegel, E. J.	v				
Smith, A. D.				v	
Smith, F. R.	v	v	v	v	v
Stirling, G. C.		v			
Swann, G. C.					v
Tourigny, H.	v	v	v	v	v
Upton, W. R.		v	v	v	v
Ward, D. B.	v	v	v	v	v
White, E. A.					v
Winn, R. A.					v

FOREWORD

This publication contains a record of the business transacted at the 62nd Annual Meeting of the Canadian Dental Association, held in the Royal York Hotel, Toronto, May 15-18, 1963.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these committees report their findings to the open sessions of the complete Board where final decisions are made. As a result of this procedure, all matters presented received thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is hereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend and to participate in the meetings.)

MEMBERS: *H. R. MacLean, Chairman, Edmonton, Alta.; R. M. LeBlanc, Montreal, P.Q.; G. C. Swann, Calgary, Alta.; D. B. Ward, Montreal, P.Q.; R. L. Twible, Toronto, Ontario.*

REPORT

1. Auxiliary services to the dental profession have been the subject of many articles in our journals since the last report of this committee. Some of the papers have been critical; some apprehensive; many would prefer no change, not recognizing the demand or the trends in practice administration that are being adopted, at least by the younger age group of our profession.
2. In certain areas of Canada, concepts of proposed training programs seem to have different directions, some including technical aspects while others stress preventive and public health material.
3. The survey team of the Council on Education visited the Alberta and Dalhousie Schools of Dental Hygiene and has approved their programs.
4. The Faculty of Dentistry, University of Manitoba, plans to start a program in dental hygiene in September, 1963.
5. Formal training programs for dental assistants will be started in Ontario and Alberta in September. The Ontario plan is to provide instruction in a high school area. In Alberta, the program will be offered in the Technical School. Both are under the direction of the Department of Education, who is working in close association with the respective faculties of dentistry.
6. A training program for the dental technicians is being started at the Technical School in Edmonton in September, 1963.
7. The committee is of the opinion that basic programs should be offered in the three auxiliary divisions namely dental hygienists, dental technicians and dental assistants.
8. Experimental programs are in progress in Alberta and Ontario regarding extended duties of auxiliary personnel, but no conclusions are available at present.

The following resolutions were passed at the annual meeting of the Committee on Auxiliary Services:

9. That the dental hygienist's duties include only those areas in which she has received training in an approved program and that no further extension of duties of the dental hygienist be considered at this time but rather a thorough study be made of the most effective utilization of the hygienist in the dental office and in the dental public health field.
10. It is suggested that all dental schools organize schools of dental hygiene in conjunction with their faculties.

AUXILIARY SERVICES

11. That in order to encourage increased utilization of dental hygienists in the offices of practising dentists, educational material and films be made available by this committee, and further that the provincial organizations and local dental societies be urged to use this material at one or more meetings per year; and that each dental school be requested to establish post-graduate courses for practising dentists in the utilization of dental hygienists.

12. That the corporate members of the Canadian Dental Association be asked to establish committees for the purpose of providing formal training programs for dental assistants through the provincial departments of education and health or city school boards, and that the committees consult with the Canadian Dental Association Council on Education concerning curriculum recommendations.

13. That the Council on Education undertake the responsibility of co-ordinating programs for the training of dental assistants including the establishment of minimum curriculum requirements.

14. That the Auxiliary Services Committee, together with the Director of the Canadian Dental Association Bureau of Economic Research, prepare material for a study of the utilization of dental hygienists and dental assistants in dental offices.

15. That the faculties of dentistry across Canada be urged to provide increased training of undergraduate dental students in the utilization of dental assistants.

16. That the corporate members of the Canadian Dental Association be urged to establish programs for educating the practising dentist in the utilization of dental assistants.

17. That the Auxiliary Services Committee supports the concept of formation of national organizations for dental hygienists, assistants and technicians, and that the Canadian Dental Association should give every assistance possible in this regard.

Two additional resolutions are submitted:

18. That when the findings are available from the experimental programs, they be submitted to the Council on Education for evaluation.

19. That budgetary provision be made for an annual meeting of the Committee on Auxiliary Services for the amount of \$1,500.

COMMENT AND ACTION

1-2. Information.

3. Noted with interest.

4. Gratifying.
5. Commendable.
6. Noted.
7. Agreed.
8. Noted with interest.
9. Approved.
- 10-11. Agreed.
12. Approved.
13. Agreed.
14. Approved.
- 15-16. Agreed.
17. Approved.
18. Agreed.
19. Approved.

We recommend the adoption of the report on Auxiliary Services.

APPROVED

CONSTITUTION AND BY-LAWS

MEMBERS: *H. M. Cline, Chairman, Vancouver, B.C.; K. M. Johnson, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.; G. V. Fisk, Toronto, Ont.*

REPORT

1. *Nomenclature Committee*

At the last meeting of the Board of Governors it was decided that the Nomenclature Committee should be discontinued. In line with this decision the Council on Constitution and By-laws recommends that Article X, section 4, sub-section (g) be deleted.

2. *Federal Dental Services*

This matter was brought to the attention of the Board at its last meeting by way of the Report of the Executive Council. A motion was passed by the Council as follows:

"That official status be granted to the Federal Dental Services on the Board of Governors." (1962 Transactions, Page 74, item 29)

(a) The Board of Governors commented at its last meeting:

"We agree in principle that the Federal Dental Services should have representation on the Board of Governors and to this end our solicitor should be requested to prepare an amendment to the present By-laws creating another classification of membership, to be included in and not conflicting with Articles II and V of the present By-laws. Such amendments to be prepared in time for the next meeting of the Board of Governors." (1962 Transactions, Page 85, item 29)

(b) To implement this action our solicitor has prepared the following of which proper notice has been sent to the corporate members and is recommended to the Board of Governors by the Council on Constitution and By-laws for adoption:

To be added to Article V as section 2(e):

"For the purposes of this section, Federal Dental Services shall be deemed to be a corporate member entitled to appoint one representative to the Board of Governors. Federal Dental Services shall consist of all members of the Association who are employed by the Department of National Defence, the Department of National Health and Welfare and the Department of Veterans Affairs. The representative of Federal Dental Services to the Board of Governors shall be appointed for a three year term in such manner as Federal Dental Services may decide, and such appointment shall be conclusively evidenced by a certificate to the Secretary of the Association signed by the three directors of the three departments, the dental employees of which constitute Federal Dental Services."

(c) It is pointed out that the request is for representation on the Board of Governors. Those to be represented are already individual members of

the Association. The intent of the amendment is to provide representation on the Board and this matter is relevant to Article V of the By-laws. Article II is concerned with membership in the Association and we are informed that it would be not only bad legal drafting but dangerous for the future to attempt amending Article II for this purpose.

COMMENT AND ACTION

1. Agreed.
2. As there was some division of opinion respecting the implementation of the wish of the Board, expressed at its last annual meeting, namely "That official status be granted to the Federal Dental Services on the Board of Governors" (1962 Transactions, page 74, item 29) the reference committee decided that this should be dealt with directly by the Board of Governors.

After discussion:

Motion: Zimmerman — Miller

That the report of the Council on Constitution and By-laws be approved.

ADOPTED

(Vote: yes 14; no 3)

CONVENTION

MEMBERS: *J. D. Purves, Chairman; K. L. Croft, Secretary; Mrs. Durham, Treasurer; F. H. Shepherd, Gen. Arrangements; D. B. Stephensen, Registration; J. E. C. McCowan, Reception; M. G. Boyes, Publicity; P. A. Scott, Luncheons; K. I. Levinson, Visual Education; R. W. Marshall, Hosts; T. Hori, Printed Program; J. G. Kaye, Sunday Festival; J. G. Dale, Art Exhibit; W. G. Woods, Exhibits; D. O. McIntyre, Equipment; J. A. Bigelow, Group Clinics; R. A. Hugill, Table Clinics; G. M. Marshall, Projected Clinics; N. Hori, TV Clinics; D. M. McKee, Entertainment; Mrs. Purves, Mrs. Philp, Ladies; E. A. White, W. W. Philp, L. E. Hastings, D. W. Gullett, M. V. J. Keenan.*

REPORT

1. The Canadian Dental Association accepted the invitation of the Ontario Dental Association to have the 1963 National Convention in Toronto May 19 to 22nd at the Royal York Hotel.

2. The Convention has been planned with a view to developing the scientific and the social aspects of contemporary dentistry.

3. The condensed convention program is presented as Appendix A. The chairman received every cooperation from all specialty groups and their efforts are contributing in no small way to the success of the program.

4. *Publicity*

Convention publicity has been organized as

- (a) Local — Toronto Academy Year Book
Toronto Academy Meetings and District Meetings
- (b) Provincial — Journal of the Ontario Dental Association
Hamilton Dental Association Bulletin
Announcements through Extra Mural Lectures
- (c) Canadian — Journal of Canadian Dental Association
Mailing through the Ontario Department of Travel and Publicity
Circular letter publicizing the CDA Panel Presentation; Folder announcement entitled "138 Reasons to attend the CDA-ODA National Convention"

TCA

- (d) International — Announcements in ten State Journals in the northern United States
FDI publications

5. *Registration*

Original estimates of attendance were predicated on the attendance at the 1962 ODA meeting and as such were conservatively placed at 900 dentists and 300 ladies from Ontario and 300 dentists and 200 ladies from the remaining provinces. Due to the holiday weekend and in view of the use of the social package in Ontario for the first time it has been difficult to estimate.

It is felt that the early registration figures will provide a basis for a more realistic estimate.

Registration Fees: Outside Ontario — \$40 single, \$50 dentist and lady
Ontario Paid Up Members — \$20 dentist and lady
(social package)

Ontario Non Paid Up Members — \$30 for Ontario
Membership \$20 dentist and lady (social pack-
age)

6. Television Clinics

Through the courtesy of the Proctor & Gamble Company, the cost of the closed circuit TV will be absorbed including the services of Dr. John F. Prichard, an outstanding clinician from Fort Worth, Texas. Kinescope will be made which will be retained by the Proctor & Gamble for loan as clinics to dental societies throughout America.

7. Sunday Festival

The Sunday program has been made light to stimulate a relaxed evening of enjoyable fraternization made possible by a musical program by the folk singing of the Travellers and the enjoyment of the Arts, Hobby and Flower Show, followed by refreshments. The interest in the Arts, Hobby & Flower Show is most reassuring.

8. The Ladies Program

This program has been augmented into a most comprehensive and entertaining phase of the convention. It is desirable that our ladies adopt a real sense of support and understanding of the problems and personalities on the Canadian dental scene. The ladies program includes a Spring Hat Luncheon at the Granite Club on Monday; a scenic drive to Niagara Falls, including luncheon, on Tuesday; tea and sports fashions at the Old Mill on Wednesday; a hospitality room in the hotel; and, of course, the evening social events.

9. The Budget

The budget is presented as Appendix B. The Canadian Dental Association has agreed that the financial arrangements with the Ontario Dental Association shall constitute the assurance of payment equal to the average net profit of the past three years of the ODA conventions. Any profit beyond this limit would be distributed by the formula $W \text{ times } Z$ where

$\overline{Y}$

W = the number of Ontario Dentists registered

Y = the total number of dentists registered

Z = the profit (if any)

10. Exhibits

It is interesting to observe that all available display space for the exhibitors has been utilized and sold. We are highly indebted to our exhibitors for their contribution to the success of our convention.

CONVENTION

Appendix A

CONDENSED PROGRAM

Sunday, May 19th

2:00 p.m. - 5:00 p.m.	Registration
7:00 p.m. - 9:30 p.m.	Registration
8:00 p.m.	Sunday Evening Festival

Monday, May 20th

8:30 a.m. - 5:00 p.m.	Registration
8:30 a.m.	Dental Public Health Breakfast
9:00 a.m. - 1:00 p.m.	Commercial Exhibits
9:30 a.m. - 11:30 a.m.	Table Clinics
10:00 a.m. - 11:00 a.m.	Grieve Memorial Lecture "The Specialist and Dental Health Programmes" Dr. Don W. Gullett
12:15 p.m.	Canadian Dental Association Luncheon
2:00 p.m. - 6:00 p.m.	Commercial Exhibits
2:00 p.m.	Ontario Dental Association Annual Meeting
2:15 p.m.	Dentists' Legal Protective Association of Ontario Annual Meeting
2:30 p.m.	Canadian Dental Association Panel Presentation "The Changing Pattern of Health Services within the Framework of the Body Politic" Chairman: Dr. M. V. J. Kennan Panelists: Dr. A. D. Kelly Dr. W. G. McIntosh Mr. I. W. Outerbridge
8:30 p.m.	Theatre Party "Spring Thaw '63"

Tuesday, May 21st

8:30 a.m. - 5:00 p.m.	Registration
9:00 a.m. - 1:00 p.m.	Commercial Exhibits
9:00 a.m. - 11:30 a.m.	Group Clinics
10:15 a.m. - 11:45 a.m.	T.V. Clinics
12:15 p.m.	Dental Public Health Luncheon
2:00 p.m. - 6:00 p.m.	Commercial Exhibits
2:15 p.m. - 4:45 p.m.	T.V. Clinics
2:30 p.m. - 4:30 p.m.	Projected Clinics
2:30 p.m. - 4:30 p.m.	Scientific Motion Pictures
6:00 p.m.	Class Reunions
7:30 p.m. - 10:00 p.m.	Open House, Faculty of Dentistry

CONVENTION

Wednesday, May 22nd

9:00 a.m. - 12:00 noon	Registration
9:00 a.m. - 1:00 p.m.	Commercial Exhibits
9:00 a.m. - 11:30 a.m.	Group Clinics
9:30 a.m. - 11:30 a.m.	Table Clinics
9:30 a.m. - 11:30 a.m.	Scientific Motion Pictures
12:15 p.m.	Ontario Dental Association Luncheon
2:30 p.m. - 4:30 p.m.	Projected Clinics
2:30 p.m. - 4:30 p.m.	Scientific Motion Pictures
2:30 p.m. - 3:30 p.m.	Essay — "Bruxism; Treatment by Bite Guards and Bite Plates" Dr. Ulf Posselt
3:30 p.m. - 4:30 p.m.	Essay — "Class V Restorations" Dr. J. H. Mosteller
	PRESIDENTS' CANDLELIGHT BALL
7:00 p.m.	Cocktail Hour
8:00 p.m.	Dinner Dance and Floor Show

Appendix B

1963 CONVENTION BUDGET

	900 @ 25.00
	300 @ 40.00
Ont. Social	300 @ 20.00
Can. Social	200 @ 10.00

Revenue

Registration	\$34,500.00
Exhibit Hall	21,600.00
Luncheon Tickets	300.00
Ontario Social	6,000.00
Outside Ont. Soc.	2,000.00
Tickets Spring Thaw 200 @ 2.00	400.00
	\$64,800.00

Expenditures

Clinicians	\$ 4,500.00
Printed Program	1,300.00
Registration	700.00
Musical	400.00
Motion Pictures	125.00
Exhibitors' Reception	300.00
Flowers	300.00
Presidents' Reception	500.00
Luncheons	10,000.00

CONVENTION

Host Suite	500.00
Publicity	2,000.00
Operating	8,500.00
Con. Sundry	750.00
Office Expenses	1,000.00
Extra Entertainment	1,000.00
T.V. Clinic	
Art Exhibit	800.00

Ladies' Committee

Hospitality Room	210.00
Monday Lunch (350)	1,265.00
Niag. Falls (300)	1,668.00
Wed. Tea (250)	443.00
Dinner Dance (800)	5,900.00
Theatre Party	2,000.00
	\$44,161.00
Surplus	\$20,639.00

COMMENT AND ACTION

- 1-2. Information.
3. Information. Cooperation of the specialty groups is commended and it is hoped that this trend will be continued.
4. Information. This wide coverage, both national and international, is highly commended.
5. Information.
6. This is a new departure in clinical presentation at Canadian conventions and the Convention Committee is commended on its initiative.
- 7-10. Information.
We commend the format of this report.
We recommend the adoption of this report.

APPROVED

MEMBERS: *W. G. McIntosh, Chairman, Toronto, Ont.; L. Bernier, Quebec, P.Q.; W. J. Dunn, Toronto; B. M. MacKenzie, Edmonton, Alta.; H. G. Pettapiece, Parksville, B.C.; R. A. Clappison, Toronto; H. J. MacConnachie, Halifax, N.S.; H. W. Reid, Advisory, Toronto.*

REPORT

1. *General Meeting*

The Dental Services Committee met at C.D.A. headquarters November 5 and 6, 1962. All members of the committee were present and they were favoured with the presence of President Keenan. The headquarters executive staff also attended as did certain invited guests.

2. *Personnel*

Dr. W. H. Macneil of Halifax completed his term of office and Dr. H. J. MacConnachie also from Halifax succeeded him. Appreciation for services rendered, and a warm welcome, respectively, are expressed to these two men.

Submitted Resolutions

3. The action of the Board of Governors, Transactions 1961 page 159, referred submitted resolution number eight to the Dental Services Committee for consideration.

4. The discussion on this matter indicated that the essence of the problem is whether the dental profession will establish its own fee schedules (even if pro-rated in individual cases) or have fee schedules set by another body (even if by negotiation).

5. In the event of any negotiations with governmental or other bodies, in establishing dental service programs, the essential requirement is that each province have an approved fee schedule, which will form the basis of such negotiations.

6. The committee makes the further observation that deductibles and restriction of patients are all points for negotiation and are beyond the sole control of the dental profession.

Provincial Reports

7. Reports were received from each of the ten provinces. Some were given orally, some by letter and others in the form of detailed statements.

8. British Columbia is the first province to report the establishment of a dental service corporation and is conducting studies preparatory to establishing a pilot pre-paid plan.

9. Alberta and Ontario have both approved the principle of establishing dental service corporations and are actively engaged in details of organization.

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10. Most of the remaining provinces reported interest in extension of present welfare programs and/or the development of some type of pre-paid plan.

11. *Canadian Dental Service Plans Incorporated (DSPI)*

This organization continues to fulfill its important role in administrative and accounting duties for various post-payment, group insurance, and welfare plans. Mr. W. E. Jackson, administrator, presented his report which appears as Appendix A.

Provincial Dental Service Corporations

12. The Dental Services Committee expresses its support for the establishment of provincial dental service corporations by the following motion:

That the Dental Services Committee recommend that the Canadian Dental Association

- (a) establish a clearing house for information on pre-paid dental plan developments in Canada and in other countries;
- (b) publish a newsletter containing current items on pre-paid dental plans and associated matters;
- (c) encourage and give support to meetings of representatives of the Dental Services Committee, of the provincial dental service committees, of existing dental service corporations and of DSPI;
- (d) make funds available for the development of dental service plans from which grants could be made to the provinces under stipulated conditions.

13. Sections (a) and (b) of the above motion have already been implemented. The Dental Economics Newsletter edited by Mrs. I. Brown, Director of the Bureau of Economic Research, functions both as a clearing house for reports, articles, and books, on dental plans and associated subjects, and also a source of current developments on pre-paid plans and other matters in the field of dental economics.

14. The Dental Services Committee congratulates Mrs. Brown on the excellence of the Dental Economics Newsletters already published and expresses its appreciation to her for the time and effort involved in this project.

15. Sections (d) and (c) were passed on to the Executive Council for its consideration and were approved. Additional explanation of the resolution is given in Appendix E.

Subcommittee on Group Practice

16. Dr. O. J. Yule, chairman, presented his subcommittee's report emanating from an extensive study of group practice. The report is an up to date summary of pertinent points observed in an exhaustive investigation of the subject.

17. So that the material contained in the report might be readily available to the profession, the recommendation that it be printed as a monograph was forwarded to the Executive Council and approved.

18. The Dental Services Committee expresses sincere appreciation to Dr. Yule, Dr. J. Kreutzer and Dr. A. H. Thomson for accepting this difficult assignment and for their excellent report.

Subcommittee on Fees

19. Dr. R. Clappison presented a progress report of the activities of his subcommittee (Dr. Walter Pressey and Dr. R. C. Freeman of Toronto). Dr. Pressey attended and assisted in the presentation of the report. (See Appendix B).

20. The Dental Services Committee approved the basic principles as stated in the report and also agreed in principle with the attempt to enunciate The Details of Components.

21. It is the opinion of this committee that a great deal of progress has been made by the subcommittee. It was encouraged to continue its studies toward the development of a comprehensive relative value of fee determination and was also thanked for the prodigious and conscientious efforts thus far.

Subcommittee on Orthodontic Services

22. Dr. R. Leuty, Chairman, presented another progress report for his subcommittee. (See appendix C).

23. After considerable discussion, approval was given to a motion which emphasized the problem of making orthodontic care available to all who need it and recommended that the Council on Education urge all dental schools in Canada to have their orthodontic programs designed and planned to meet the present and future needs for orthodontic care.

24. Through Dr. Leuty the subcommittee on orthodontic care was commended for its efforts and asked to continue its study of this aspect of dental services.

25. Policy Statement on Health Insurance

It was decided that the present policy statement on Health Insurance, that was approved by this Board in 1956, could be updated. Revision and rewriting of the statement is now in progress. The revised edition, when completed, will be submitted to the Board of Governors for approval.

Headquarters Staff Dental Plan

26. Mrs. I. Brown presented a detailed report on the first nine months of operation of the CDA dental plan. This excellent report, which included suggested revisions, was approved and referred to the Executive Council.

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27. Early in 1963 Mrs. Brown completed another report which dealt with the functioning of the plan for a full year. This report contained the revisions mentioned above and was the report considered by the Executive. It appears as an appendix to the report of the Bureau of Economic Research and it also appeared in the Dental Economic Newsletter, Vol. 2, No. 3, March 1963.

28. It was noted that the operation of this small plan has already provided very valuable administrative experience.

Conference on Administration of Pre-paid Dental Care Programs

29. The first National Conference on administration of Pre-paid Dental Care Programs was held in Seattle from September 24 to 26, 1962. The meeting was attended by 112 people, representing 20 of the United States and 3 provinces of Canada. Participants and observers included representatives of dental service corporations, insurance companies and group practice clinics.

30. Mrs. Brown attended the meetings as an observer for CDA. Representatives from British Columbia, Alberta and Manitoba were also present.

31. Speakers covered all phases of pre-paid dental care programs. Mr. G. G. Gross, Editor of the Washington Report on the Medical Services concluded the meetings by saying "No decisions have been reached, no policies defined, no bridges crossed. Nevertheless, the new vistas which have emerged as a result of these discussions must inevitably yield rich dividends toward the conquest of this problem — development of good prepaid dental care plans".

32. The last three paragraphs are inserted to inform the Board of Governors of the Seattle conference and to draw attention to the rapidly increasing interest in dental pre-paid plans on this continent.

Royal Commission on Taxation

33. On September 25, 1962, the Royal Commission on Taxation was appointed and the commission's terms of reference announced.

34. The Dental Services Committee agreed that a Brief should be submitted by the CDA and recommended that consultations be held with other appropriate organizations in order that the most effective Brief might be developed.

35. A memorandum was sent to the secretaries of corporate members asking for suggestions regarding matters to be included in the brief.

36. Mrs. Brown assumed the main responsibility for the preparation of the Brief. A steering committee consisting of the Toronto members of the Dental Services Committee and the executive headquarters personnel met on several occasions to assist in the project. A Brief for presentation to the Royal Commission on Taxation was finally prepared, and submitted for approval to the Executive Council which approved it. (See Executive report).

Dental Personnel in Canada

37. Mrs. Brown presented "Proposed Revisions to the Dental Personnel Form" (Appendix D) for consideration by the Dental Services Committee.

38. The committee agreed to the definitions suggested under item 1 (Appendix D). It also agreed that under item 2 (Appendix D) the specialists listed should be limited to those recognized by the Canadian Dental Association, that is, orthodontists, oral surgeons, and periodontists.

39. *Acknowledgments*

The chairman expresses his appreciation and thanks to each member of his committee, to the members of the three subcommittees, to the representatives of the provincial dental service committees, and to the staff at headquarters for their willing cooperation and valuable contributions throughout the year. Special appreciation is accorded Mrs. Brown for the efficient way she has accepted and disposed of the heavy responsibilities arising from the activities of the Dental Services Committee.

40. *Recommendations*

It is recommended:

(a) that a general meeting of the Dental Services Committee be held in the fall of 1963.

(b) that the studies on orthodontic services in a pre-paid dental program and the development of a relative value fee schedule be continued.

(c) that the CDA group purchase dental care plan be continued for another year and then again critically evaluated.

(d) that a suitable premium for the CDA dental care plan be established as soon as sufficient data are available.

(e) that the revision of the policy statement on health insurance be completed.

(f) that studies on all aspects of dental service plans be continued and observations reported periodically in the Dental Economics Newsletter.

Appendix A

CANADIAN DENTAL SERVICE PLANS INCORPORATED

The following report was presented last May to the Board of Directors of Canadian Dental Services Plans Incorporated by the Secretary-Treasurer.

"As is shown by the Financial Statement, CDSPI has completed another year without a deficit. This is success to a non-profit company. Such success would not have been possible without the close cooperation of the Royal College of Dental Surgeons of Ontario.

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“Revenue has been derived from a variety of sources:

- (1) Post Payment Plan
- (2) Group Insurance Plans
- (3) Ontario Welfare Plan
- (4) Sundry Revenue

“The Post Payment Plan, although diminishing in volume, has been able to pay its share of the cost of operation in all Provinces with the exception of Quebec. DSPI collected \$397,503.04 directly and \$204,622.00 through the dentists’ office on the Post Payment Plan during the Calendar Year 1961.

“CDSPI’s administration of the Group Liability and All Risk Insurance Plans has been extremely satisfactory according to the provincial dental bodies involved.

“The Welfare Plan operated for the RCDS has, by its volume, been a sustaining factor in our operation and has allowed us to maintain and plan on even work distribution.

“In closing I would like to commend to your attention the . . . material on the DSPI-IBM Dentist Accounting System. This system has been in the planning stage for over two years. It is ideally suited to the needs of the profession, maintains the dignity and professional relationship and, above all, leaves the control and ownership of a dentist’s accounts in his own hands.

“Dental offices are being inundated with a variety of schemes to either finance or collect accounts. Some of them are acceptable, some are obnoxious, and some are downright misrepresentation.

“In view of these factors I feel it is important for us to actively promote a plan such as this — a system instituted by one of the largest and most respected firms in the electronic accounting field.”

Respectfully submitted
W. E. Jackson

BALANCE SHEET
December 31, 1961

<i>Assets</i>			
<i>Operating account:</i>			
Cash	\$3,458.59		
Account receivable, Trust account (contra)	3,602.56		
Office furniture and equipment, at cost	\$ 6,462.25		
Less accumulated depreciation	1,591.37	4,870.88	\$11,932.03

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Trust account:

Cash	8,602.56
	<u>\$20,534.59</u>

Surplus, Reserve and Inter-account Balance

Operating account:

Surplus:

Balance, December 31, 1960 ..		\$7,848.71
Revenue for year	\$33,273.29	
Expenditure for year	29,189.97	
Surplus for year		4,083.32
Balance, December 31, 1961		\$11,932.03

Trust account:

Account payable, Operating account (contra)	\$3,602.56	
Reserve provided by Royal College of Dental Surgeons of Ontario	5,000.00	8,602.56
	<u> </u>	<u> </u>
		\$20,534.59

OFFICERS

Dr. W. H. Feasby — President
Dr. P. E. Willson — Vice-President

Directors

Dr. J. F. Burke	Dr. R. M. LeBlanc	Dr. G. Ratte
Dr. R. B. Deware	Dr. R. P. Lowery	Dr. R. F. Sansom
Dr. W. J. Dunn	Dr. D. B. McAdam	Dr. A. Singer
Dr. T. W. James	Dr. W. H. Macneil	Dr. F. R. Smith
		Dr. G. C. Walkey

Executive Committee

Dr. W. H. Feasby
Dr. W. J. Dunn Dr. D. B. McAdam
W. E. Jackson — Secretary-Treasurer

PROGRESS REPORT OF SUB-COMMITTEE ON FEES

Basic Principles

1. Our approach shall be directed toward a relative value system.
2. The dental service which is to represent a basic unit must have the following requirements:
 - (i) simple (unaccompanied by complications)
 - (ii) frequently performed
 - (iii) limited in variation in technique.
3. The specific dental service selected to represent the basic unit was an uncomplicated occlusal amalgam restoration in a bicuspid.
4. The essential components of a specific formula must at least be the following:
 - (i) time — specifically related to the professional service
 - (ii) responsibility — consisting of the following components:
 - (a) knowledge
 - (b) judgment
 - (c) skill
 - (iii) laboratory costs.
5. Simplicity shall be a requisite of any specific formula (or its components) wherever possible. For example some previous deliberations have considered such formulae as $V [(T) (OH + S)] + M + L = \text{Index}$ or $(B \times S \times P \times T) + OH + M + L = \text{Fee}$.

Details of Components

1. *Classification of Responsibilities* (one operation as compared to another by the same practitioner)

I

Examination
 Radiographic examination
 Removal of carious areas
 Amalgam restorations
 Silicate restorations
 Prophylaxis
 Fluoride treatments

II

Conservative periodontal treatment
 Partial dentures
 Uncomplicated extraction

III

Endodontic treatment
 Inlays (including partial veneers
 etc.)
 Advanced periodontal treatment

IV

Occlusal equilibration
 Precision attachment prosthesis
 Special consultation *
 Interceptive orthodontic treatment

Complete dentures

Full crowns

* should be reconsidered as to
terminology and scope

Fixed-bridge restoration

Porcelain jacket

Gold foil

2. *Time (T)* Basic unit is an uncomplicated occlusal amalgam restoration in a bicuspid and this is assessed as 1 unit, i.e. (1T)

Examination 1T

Radiographic examination 1T (enlarge upon variations of exposures
(2 B.W. and including at a later date.)
reading and processing)

Removal of carious areas 1T

Amalgam restorations

1-surface 1T

2-surface (uncomplicated) 1.5T*

3-surface (uncomplicated) 2.5T

Silicate restorations 1.5T**Prophylaxis* 1T

(polishing only)

Fluoride treatments

(including prophylaxis) 2T

*Conservative periodontal
treatment*

packing 1T per quadrant

scaling 1T per quadrant

oral hygiene instruction 2T

Partial dentures

study models 2T

case analysis 1T

master impression 3T*

bite registration, mould

selection and shade 2T

try in 1T

insertion and occlusal

adjustment 2T

adjustments 1T

Uncomplicated extraction 1.5T*Endodontic treatment*

Apt. 1 extirpation of pulp

bacterial culture

dressing 2T

Apt. 2. preparation of canal

culture

dressing 3T

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Apt. 3 fitting point, P.A.
X-ray alteration of
canal dressing or
obliteration of canal 4T

Apt. 4 post-treatment exam.
and radiograph 1T

Inlays (including partial veneers etc. — uncomplicated)
2-surface

Apt. 1
prep. of tooth
prep. of tissue
impression
registration
dressings 3T*

Apt. 2
seating
adaptation
cementation 3T

3-surface — same as 2-surface except 1T additional per appointment
veneer — same as 3-surface

*Advanced periodontal
treatments*

gingivectomy #
recontouring of gingivae # defer for future consideration
pocket surgery #

Complete dentures

1. Complete upper denture

Apt. 1 — impressions 4T

Apt. 2 — registrations
selection of
mould and
shade 2T

Apt. 3 — try-in 2T

Apt. 4 — insertion 1T

Apt. 5 — occlusal
correction 2T
adjustments 2T

2. C.U.D. and C.L.D. 2 times above "T" schedule

Full crown (uncomplicated)

Apt. 1

preparation of tooth
preparation of tissue
impression
registration
dressings 5T

Apt. 2

seating
adaptation
cementation 4T

Fixed bridge restoration

Same as for attachment plus
laboratory cost for pontics.

There are additional factors of responsibility, shade and parallelism to be considered.

Porcelain jacket

Apt. 1

prep. of tooth
prep. of tissue
impression
registration
selection of shade
dressing 5T*

Apt. 2

coping fitted
impression
dressing 2T (If coping used then lower "T" factor in first Apt., by 2 T)

Apt. 3

seating 3T*
adaptation
cementation

Gold foil Class V foil 6T

Interceptive orthodontic treatment
Occlusal equilibration
Precision attachment prosthesis
Special consultation*

The broad scope and complexity of services involved makes it difficult to specifically relate any phase of these services to a relative value system. These also do not fall into the classification of a basic dental service.

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Basic Formula as it now stands

$$T \times R = U \quad U \times F + L = \text{Fee}$$

or

$$(T \times R \times F) + L = \text{Fee}$$

T = time

R = responsibility group 1 = 1.00 factor
group 2 = 1.25 factors
group 3 = 1.50 factors
group 4 = 1.75 factors

U = units

F = factor that converts units to dollars

L = laboratory cost.

Note — Any assessment with an * beside the unit represents a divergent opinion on the part of one sub-committee member and represents an area where agreement may be reached at a later date after further discussion.

Appendix C

PROGRESS REPORT OF THE SUB-COMMITTEE ON ORTHODONTICS

*The Orthodontic Treatment Priority Estimate developed for use at the
Burlington Orthodontic Research Clinic*

Although improvements or modifications may be necessary, it is felt that this estimating aid will have a wide application in Dental Public Health surveys and will be necessary in any health services plan which includes orthodontic treatment services other than those found in Section C, Item 1 of our last report.

The priority estimate was developed by having individual orthodontists subjectively examine a series of patients, requiring orthodontic therapy, and assigning a priority score from one to ten for each case in relation to need for treatment. A survey of these results indicated a striking agreement among the individual operators. The cases were then studied to determine what criteria were most important in determining malocclusion and the eight items on your copy of the priority estimate are the result.

You will note each point has been given a weight factor. The total score is obtained by multiplying each point by this factor and totalling the sum of the individual scores. This score can be used to equably determine

who should or should not receive treatment services where demand for services in relation to the orthodontist's ability to supply the services and/or money to pay for the services is a problem.

We should like to point out at this time that because the limited number of orthodontists to supply treatment is inadequate to meet the need and insufficient data are available to suggest other treatment approaches to the problem, we are opposed to the willy nilly establishment of numbers of individually promoted treatment plans which do not adhere to the principles set forth in our report presented to this Committee eighteen months ago and to unnecessary publicity at this time about the desirability of orthodontic treatment.

Please bear in mind that when speaking of orthodontics we mean major terminal therapy for a handicapping deformity and not a minor aberration which the dental undergraduate is taught will be his practice responsibility.

We should also like to point out that the most authoritative source on the subject of "meeting the demand for orthodontic services" ¹ sets forth the following points of approach to the problem: —

- (a) Remove economic blocks through prepayment plans, public health programs, welfare and similar methods.
- (b) Foster dental health education of the public to eliminate mis-information and fears.
- (c) Improve the distribution of orthodontic services.
- (d) Improve the number of specialists, including orthodontists, in proportion to an increase of dental graduates; the committee recognizes that the growing shortage of dentists should be a primary concern of the dental profession.
- (e) Increase the effectiveness of the general practitioner in the prevention and interception of malocclusions.
- (f) Enlarge the undergraduate Orthodontic program to enable the future graduate to recognize his responsibility within the potential of his orthodontic training.
- (g) Improve the utilization of available methods, skills, facilities and auxiliary personnel.
- (h) Improve treatment methods and objectives.
- (i) Increase research in all aspects of orthodontic care.

(¹ Moyers & Jays Orthodontics at mid-Century, group 5.)

BURLINGTON ORTHODONTIC TREATMENT PRIORITY ESTIMATE

Name	Serial No.	Age	Sex
Item			
1. Molar Relation	Normal	Less than cusp to cusp	More than cusp to cusp
Mesial or distal			
Code left	0	.66	1.32
Displacement			
Code right	0	.66	1.32
2. Anterior Crossbite			
no. of affected teeth	0 1 2 3 4		
code	0 .37 .74 1.11 1.48		
3. Posterior Crossbite			
number of teeth	0 1 2 3 4 5		
code left	0 .18 .36 .54 .72 .90		
code right	0 .18 .36 .54 .72 .90		
4. Upper Incisor Overjet mm x.12			
upper on	<1/3, 1/3 to 2/3, 2/3 to 3/3		Below Gingiva
lower			
code	0 .37 1.11 1.48		
5. Overbite			
6. Crowding of Worst Quadrant			
	Anterior	Distal of Lat. to mes. of space	
1/2 Lower Incisors	Overlap	molar locking	use largest only
upper L () + 11 + ()	— ()	= x.47	
upper R () + 11 + ()	— ()	= x.47	
lower L () + 10 + ()	— ()	= x.47	
lower R () + 10 + ()	— ()	= x.47	
7. Individual Tooth Displacement			
Normal	zero	no. of teeth	
Rotated <45°	.28	x ()	
Rotated >45°	.56	x ()	
Displaced <1.5 mm	.28	x ()	
Displaced >1.5 mm	.56	x ()	
8. Non-specified defects			
arbitrary rating →			
Priority equals Total			

PROPOSED REVISIONS TO THE DENTAL PERSONNEL FORM

Each December, the Bureau of Economic Research sends *Data re Dental Personnel* forms to the provincial secretaries who complete the forms and return them to the Bureau. The form used in past years appears as Appendix A.1.

From these forms, the annual *Dental Personnel in Canada* is compiled.

Certain revisions in the dental personnel form are necessary before the 1963 report can be compiled.

1. *Definitions of Dental Services*

The criteria of dental services may have to be revised. Some questions have arisen concerning the classification of dentists in certain dental services.

The present definitions are as follows:

hospital service — includes dentists serving all hospitals

school dental service — includes only those dentists hired by school boards to work exclusively for children.

Questions have arisen regarding these definitions. For example, should "hospital service" include those dentists serving in prison hospitals? A dentist may be employed by a provincial health department to work in a TB hospital. Is he then classified under public health service or hospital service? In some areas, dentists are hired by school boards but they work under the direction and supervision of the municipal dental health divisions. Dentists are sometimes employed by cities to work in schools and carry out the same services as dentists employed by school boards. In many provinces, the distinction between school dental services providing treatment and dentists in public health units providing only educational and referral services is not clearcut.

These services should be defined either by the nature of the employing agency or by the function of the dentist. It might be preferable to define them in future according to function. Some suggested definitions follow.

- (a) *Hospital Service* — includes all dentists working full or half time in hospitals whether these dentists are employed by the hospitals themselves or by other agencies. The term "hospitals" includes TB sanatoria and mental institutions but excludes nursing homes, homes for the aged, infirmaries and other institutions the purpose of which is the provision of custodial care.
- (b) *School Dental Service* — It is probably impossible for the secretaries to give the number of private dentists rendering treatment to preschool and school children on a contractual basis through arrangements with the authorities. It should, however, be possible to determine the number of clinicians employed by local and provincial health departments, school

DENTAL SERVICES

boards and voluntary agencies to render treatment to preschool and school children.

- (c) *Public Health Service* — The number of public health dentists employed by health departments, school boards and special agencies and engaged in diagnostic, teaching, demonstration and preventive activities.

2. *Specialists*

The secretaries are asked to give the number of full-time specialists in four specialties — orthodontics, dental oral surgery, periodontics and paedodontics. Only three of these specialties — orthodontics, dental oral surgery and periodontics — are recognized as specialties by the C.D.A.

This system has created some confusion. For example, last year three provinces listed numbers of specialists for specialties they do not certify. Four provinces certify specialists other than those listed in the report.

To be consistent the figures should include either all certifiable specialists or only the three recognized by the C.D.A. The most useful figures from the Bureau's point of view would be the number of specialists certified by the provinces in each certifiable specialty.

In many respects this information would still not portray the existing situation realistically. For example, many dentists who are not paedodontists limit their practices to the care of children. However, certification appears to be the only measurable criterion.

With this definition of specialists, table 6 of next year's *Dental Personnel in Canada* would read as follows:

Suggested Table for Dental Personnel in Canada, 1963
(the figures are hypothetical)

Table 6 — Number of certified specialists
1963

Specialty	Number of certified specialists										
	Total	Nfld	PEI	NS	NB	PQ	Ont	Man	Sask	Alta	BC
Oral diagnosis	1	*	*	*	*	*	*	*	*	1	*
Oral surgery	62	*	0	*	*	9	35	5	0	5	8
Orthodontics	126	*	0	*	*	27	68	6	2	11	12
Paedodontics	18	*	*	*	*	*	7	*	*	3	8
Periodontics	27	*	0	*	*	5	17	2	0	0	3
Prosthodontics	4	*	*	*	*	3	*	*	*	1	*
Public health	19	*	*	*	*	9	10	*	*	*	*
Restorative dentistry	1	*	*	*	*	*	*	*	*	1	*
Total	258	*	0	*	*	53	137	13	2	22	31

* The province does not certify dentists in this specialty.

DENTAL SERVICE PLANS — RESOLUTION

The resolution approved by the Dental Services Committee and later by the Executive Council is quoted in paragraph 12 of the committee's annual report. Part (c) and (d) of the resolution may require additional explanation.

(c) Joint Meetings on Dental Service Plans

The meetings would be called only after a request outlining the purpose of the meeting had been received from two or more corporate members of the C.D.A. and had been approved by the Dental Services Committee. The meetings would be joint ones to which members of the Dental Services Committee, one representative of each provincial equivalent of the Dental Services Committee, one representative of each established dental service corporation and one representative of D.S.P.I. would be invited. The C.D.A. would share the cost of these meetings (on a 50-50 per cent basis) with those provincial organizations and dental service corporations sending participants.

(d) Fund for the Development of Dental Service Plans

To qualify for a grant from this fund, the province should have already established a dental services corporation. The Dental Services Committee would have to approve both the project to be financed and the expert personnel to be engaged to work on the project. When these conditions had been met, the C.D.A. would match the amount of money provided for the project by the provincial dental organizations and dental service corporations to a specified maximum for any one province. Any surplus of the C.D.A. funds remaining at the termination of the project would revert to the C.D.A.

For the above purposes, the Canadian Dental Association will not match funds provided from sources other than those of the provincial dental organizations and dental service corporations themselves. All applications must have the sanction and approval of the respective corporate member and be submitted by the corporate member.

COMMENT AND ACTION

1-4. Information.

5. Agreed.

6-11. Information. It is noted that Quebec also has a dental service corporation. It is hoped that the remaining provinces will proceed with the development of dental service corporations.

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- 12-13. Noted with approval.
- 14. Agreed.
- 15. Information.
- 16-18. Noted with approval and special commendation to Drs. Yule, Kruetzer and Thomson.
- 19-21. Information. Drs. Clappison, Pressey and Freeman are to be highly commended for their thorough and scientific approach to this difficult question. This is a progress report, and it is hoped that Dr. Clappison and his committee will continue their studies and carry the work through to completion.
- 22-24. Information. Very commendable.
- 25. Noted.
- 26-28. Information.
- 29-32. Noted with interest.
- 33-36. Noted with commendation.
- 37-38. Information.
- 39. Concur.
- 40. Agreed.

We move the adoption of the report.

APPROVED

EXECUTIVE: *P. E. Currie, Chairman, London, Ont.; E. R. W. Bilkey, Toronto; A. G. Kluzak, Calgary, Alta.; C. R. Castaldi, Edmonton, Alta.; D. L. Rife, National Executive Sec.-Treas., Toronto, Ont.*

REPORT

1. The adoption of the amended Constitution and By-Laws of the Society at the 1962 Annual Meeting of the Canadian Dental Association has allowed the Society to formalize its activities and provide a basis for future Chapter expansion as outlined in the 1962 Report.
2. The first official annual meeting of the National Executive Council will be held at the joint C.D.A.-O.D.A. Meeting in Toronto on Sunday, May 19th, 1963. The Annual Meeting of the Ontario Chapter, C.S.D.C. will be held the previous day, May 18th.
3. Delegates from the existing Chapters in Ontario, Alberta and Saskatchewan (specific Saskatchewan delegates have yet to be appointed) and interested guests from other provinces have been invited. This meeting, then, constitutes a logical step in the sequence of growth of the Section as outlined in paragraphs 4 and 5 of the 1962 Report.
4. Commencing this year detailed Chapter Reports will be omitted from the annual Section Report. Important policy decisions of Chapters will, of course, be included.
5. Program Chairmen for future C.D.A. Meetings will be encouraged to work closely with local Chapters for guidance in the preventive and children's aspects of the program. Where Chapters are not available, the National Council will, if requested, fulfill this role.

COMMENT AND ACTION

1. Noted with approval.
- 2-3. Information.
- 4-5. Noted.

We recommend the adoption of the report.

APPROVED

REPORT

Regular Assignments

(a) Reports

1. The following reports were prepared and submitted for publication to the editor of the Journal of the Canadian Dental Association:

- "Average Income of Canadian Dentists, 1960 for the January issue;
- "Dental Students' Register, 1962-63" for the April issue;
- "Dental Personnel in Canada, 1963" for the May issue;
- "Fluoridation in Canada, 1963" for the June issue.

2. The collection of data on the longevity and mortality of dentists was continued. The data is now almost complete for all dentists who died in the years 1960, 1961 and 1962. It has not been possible to obtain any information on the ten dentists who died in Saskatchewan during this period. A report will be issued at the end of the fifth year of this study.

3. A report on "Applicants and Applications to Canadian Dental Schools, 1962" was presented at the Council on Education meeting. This report followed a new attempt to record the number of applicants to dental schools. The collection of data has been greatly facilitated by the deans' development of a precise definition of an applicant and the establishment of categories of applicants according to their acceptability. In the future this study will be conducted annually and if comparable data is obtained an analysis of trends in the number and quality of applicants applying for entrance to dentistry will be possible.

4. The recording forms for the Dental Students Register and for Dental Personnel were devised this year but little change was made in the formats of the final reports.

(b) Meetings

5. Reports were prepared and presented to meetings of the Executive Council, the Councils on Education and Public Health, the Dental Services and National Recruitment Committees, and the Secretaries' Conference.

(c) Other

6. At the last meeting of the Dental Services Committee, it was recommended that the C.D.A.

(a) Establish a clearing house for information of prepaid dental plan developments in Canada and in other countries;

(b) publish a newsletter containing current items on prepaid dental plans and associated matters.

7. To implement this recommendation, the Dental Economics Newsletter has been established. Its purpose is to help members of the C.D.A. Dental

Services Committee, its provincial counterparts and other readers to keep abreast of developments in the field of dental and health economics in Canada and other countries. The newsletter also functions as a clearing house for reports, articles and books on dental plans and associated subjects. A list of publications which may be of interest to readers and which can be borrowed from the association's library appears at the end of the newsletter. To date, six editions have been published and distributed to the newsletter's 75 readers.

8. The Bureau has been responsible for the administration of the Headquarters Staff Dental Plan which has been in operation for over a year. Reports on the plan's operation were presented to the Dental Services Committee and the Executive Council. The final report for 1962 appeared in the March issue of the Dental Economics Newsletter and is appended to this report.

Special Assignments

9. The director was an observer at the first national Conference on the Administration of Prepaid Dental Care Programs. This conference was sponsored by the Washington Dental Service and was attended by 112 people representing 20 of the United States and three provinces of Canada. A detailed summary of the papers presented at this conference and of the discussions following them was presented to the Dental Services Committee.

10. The director assisted the Steering Committee in the preparation of the brief submitted to the Royal Commission on Taxation. This brief has been presented to the Commission during the regional hearings in Toronto in May.

11. Tabulation of the replies to the Survey of Hospitals and Institutions is almost completed. This survey is being conducted by the Council on Public Health and the Hospital Services Committee.

12. In the past year, the Bureau has again cooperated in the research work of the Royal Commission on Health Services. The Commission has made extensive use of the CDA's biographical data cards and of the data collected for the Surveys of Dental Students, Recent Graduates and National Dental Health.

Future Projects

13. An inventory of dentists is now being prepared. It will include the following information broken down according to the dentist's province of residence:

- (a) the distribution of dentists according to city size;
- (b) the age distribution of dentists;

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(c) the number of dentists in each county or division along with figures indicating the population per dentist, the rate of population growth and the per capita purchasing power of each county or division.

14. The Survey of Dental Practice 1963 will be conducted during the coming year. In order to achieve a high percentage of participation, all dentists will be urged to cooperate in this survey by completing the questionnaires which will be sent to them early in 1964.

15. Further analyses of the information gathered in the Surveys of Dental Students and Recent Graduates are now underway.

16. Tabulation of the indices for the Dental Health Survey will be completed and a national report prepared.

17. The Bureau will conduct a pilot study of the factors necessary to support a dental practice and will cooperate with the Auxiliary Services Committee in preparing material for a study of the utilization of dental hygienists and assistants in dental offices.

Appendix A

CDA HEADQUARTERS STAFF DENTAL PLAN (First Year's Operation)

During 1962, 26 persons (13 employees, five wives and eight children) were eligible for benefits under the C.D.A. dental plan. Twenty or 77 per cent of them utilized the services.

In the first year of the plan's operation, the employees and their dependants received dental services amounting to \$1,407.00. Of this, \$696.20 was paid by the C.D.A. plan. The average cost per person seeing a dentist was \$70.35. The average cost to the C.D.A. per employee was \$53.55.

A wide range of services was received during the year. Orthodontic treatment accounted for 51 per cent of the plan's expenditures and fixed bridgework for 23 per cent. Preventive services took only 15 per cent of the total amount spent by the plan.

If premiums were calculated for this plan on the basis of last year's experience they would be \$ 35.00 a year for single employees
70.00 a year for married couples
105.00 a year for families.

At its February meeting, the Executive Council approved several changes in the plan. This year, two routine oral examinations will be covered instead of one, the deductible for basic dental benefits will be reduced to \$10 and the maximum that the plan will pay will be raised to \$300 for individuals and \$750 for families.

Table 1. Persons enrolled in the program.

Classification	Number
employees	13
wives	5
children	8
Total	26

Table 2. Number and per cent of beneficiaries utilizing service.

Classification	No.	Per Cent
employees	10	77
wives	5	100
children	5	63
Total	20	77

Table 3. Persons receiving dental services and number of dental services performed, by type of service.

Type of service	Persons receiving services	Number performed
examinations	11	12
radiographs	11	22
prophylaxes	12	13
topical fluoride	1	2
amalgam fillings	9	23
silicate fillings	3	4
sedative filling	1	1
fixed bridge	1	1
repairs	2	2
occlusal corrections	2	2
periodontal treatments	4	11
orthodontic treatments	2	2
endodontic treatment	1	1

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Table 4. Total cost of dental care and cost to plan.

Classification	Total cost	Cost to plan
employees	\$ 493.00	\$278.00
wives	103.00	48.20
children	811.00	370.00
Total	\$1,407.00	\$696.20

Table 5. Average cost of dental care and average cost to plan per person receiving service and per person eligible.

Classification	Average cost		Average cost to plan	
	Per person utilizing	Per person eligible	Per person utilizing	Per person eligible
employees	\$ 49.30	\$ 37.92	\$27.80	\$21.38
wives	20.60	20.60	9.64	9.64
children	162.20	101.38	74.00	46.25
Total	\$ 70.35	\$ 54.12	\$34.81	\$26.78

Table 6. Total expenditures on dental care, percentage distribution of total expenditures and average cost per person receiving service, total costs and costs to the plan, by type of service.

Type of service	Total cost			Cost to plan		
	Total	Per cent	Average	Total	Per cent	Average
annual examination X-rays & prophylaxes	\$ 109.00	7.7%	\$ 6.81	\$ 97.00	13.9%	\$ 6.06
topical fluoride	12.00	.8	12.00	6.00	.8	6.00
amalgam fillings	88.00	6.3	9.78	23.20	3.4	2.58
silicate fillings	18.00	1.3	6.00	4.00	.6	1.33
sedative filling	5.00	.3	5.00			
fixed bridge	200.00	14.3	200.00	160.00	22.9	160.00
repairs	9.00	.6	4.50			
occlusal corrections	7.00	.5	3.50			
periodontal treatments	129.00	9.2	32.25	38.00	5.5	9.50
orthodontic treatments	790.00	56.1	395.00	356.00	51.1	178.00
endodontic treatment	40.00	2.9	40.00	12.00	1.8	12.00
Total	\$1,407.00	100.0%	\$ 70.35	\$696.20	100.0%	\$ 34.81

COMMENT AND ACTION

1. Information.
2. Noted. It is unfortunate that this information is not available from Saskatchewan.
3. Noted with approval.
- 4-5. Information.
6. Note with commendation.
7. Noted. We recommend notice be placed in the Journal of the C.D.A. stating that the Dental Economics Newsletter is available and can be supplied on request.
8. Observed with interest.
9. Noted with interest.
10. Noted with commendation to Mrs. Brown for her services on this committee.
11. Information.
12. Noted with satisfaction.
13. Project should be very useful and commendation is extended to Mrs. Brown.
14. Noted with interest. We suggest governor of district encourage early response in each area and that Corporate Members assist.
- 15-16. Information.
17. Noted with commendation.

Appendix A. Noted with interest.

We recommend the adoption of the report of the Bureau of Economic Research.

APPROVED

MEMBERS: *J. P. Lussier, Chairman, Montreal, P.Q.; H. W. Reid, Toronto, Ont.; H. R. MacLean, Edmonton, Alta.; J. McCutcheon, Montreal; T. J. Cooke, Winnipeg, Man.; C. E. Dexter, Halifax, N.S.*

REPORT

1. The Council on Education met at the C.D.A. headquarters on March 21-22, 1963. The following persons attended the meeting: Dr. M. V. J. Keenan, President of the C.D.A., the Council members; also Drs. R. G. Ellis, J. W. Neilson, J. D. McLean, A. C. Lewis, D. W. Gullett, F. H. Compton, Mrs. B. I. Brown and Mr. K. L. Croft.

2. The chairman made a few introductory remarks concerning events of concern to the Council and actions taken after the last meeting, among other things, the mailing of the directory of predental courses in the Canadian universities to each of the Canadian dental deans and the sending of a report on the main Council activities to the A.D.A. Council on Dental Education.

Dental Students' Register

3. Mrs. B. I. Brown, Director of the Bureau of Economic Research, presented a collection of data relative to student population in the dental schools of Canada. In 1962-63, for once since a long time, the dental schools had their first year filled to capacity. The same observation was made about the schools of dental hygiene. In 1961-62 the number of dental graduates reached 225. This was registered as an increase of 20% over the average based on the preceding eight years. The whole set of data was revised by the Council and has since been published, as usual, in the C.D.A. Journal (April issue).

4. It was moved that statistics on applications for admission to dental schools not be published for the time being. However, it was left at the discretion of the Director of the Bureau of Economic Research to fill requests for information of general bearing on this matter.

National Recruitment Committee

5. The annual report of the National Recruitment Committee (Appendix A) was presented by Dr. W. J. Dunn, chairman. This report was received by the Council and discussed at length.

6. It became obvious from the ensuing comments that the award offered by the C.D.A. to the Canadian Science Fairs Council would serve its purpose better if granted to a deserving winner in any field of science, rather than being specifically related to dental science. It was moved, therefore, "that the Council on Education recommend to the C.D.A. that the awards made available to the Canadian Science Fairs Council be given without restriction as to the subject of the exhibits".

7. Inasmuch as members of the committee, Dr. R. E. Ellis and Dr. R. R. McIntyre, were concluding their terms of office this year, both were appointed by the Council for another three year term. Dr. W. J. Dunn was reappointed chairman for the ensuing year.

Survey of Schools of Dental Hygiene 1962-63

8. The Council on Education was requested by the Faculty of Dentistry, University of Alberta, and the Faculty of Dentistry, Dalhousie University, to send a survey team to inspect their respective schools of dental hygiene during the 1962-63 academic year.

9. The School of Dental Hygiene of the University of Alberta was visited in October 1962. The report of the Survey Committee highly commended the directorship of this school. On the recommendation of the committee, the Council approved the School of Dental Hygiene of the University of Alberta.

10. The School of Dental Hygiene of Dalhousie University was visited in February 1963. The report of the Survey Committee mentioned that a change in the admission requirements of the school, namely addition of one year of Arts and Science, has necessitated a reshuffling of courses between the pre-professional program and the two year program of Dental Hygiene. It was therein stated that necessary arrangements to activate the new plan have been provided and that the revised program will be in full operation during the academic year 1964-65. The report underlined the excellent work of the Director of the School. On the recommendation of the committee, the Council approved the School of Dental Hygiene at Dalhousie University.

Minimum Requirements for Approval of a School of Dental Hygiene

11. At the 1962 annual meeting the Council on Education approved the minimum requirements for the approval of a school of dental hygiene. (Transactions 1962: 54-56) The same year, the Board of Governors adopted a resolution that "Possession of senior matriculation or its equivalent is requisite for the admission of any candidate to an approved program of dental hygiene". (Transactions 1962:6.)

12. In August 1962 the Nova Scotia Dental Association adopted a resolution (see Resolutions submitted) disapproving the action of the C.D.A. in adopting the preceding resolution.

13. In November 1962, the Board of Directors of the R.C.D.S. of Ontario adopted a resolution (Appendix B) urging the Council to "stipulate as an admission requirement, the possession of a senior matriculation qualification".

14. In January 1963, the Auxiliary Services Committee adopted a motion to support the resolution of the Board of Governors of the C.D.A.

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15. This sequence of events strongly exemplified the importance of the matter and the urgency for the Council to amend the minimum requirements for the approval of a school of dental hygiene in such a way as to remove all sources of misinterpretation on the subject of admission requirements.

16. A resolution was adopted by Council that the 'Minimum Requirements for the Approval of a School of Dental Hygiene' be amended under the section 'Admission Requirements' by deleting the first sentence (commencing 'A candidate for admission . . .') and substituting the following:

"All candidates for admission to an approved school of dental hygiene shall possess successful standing in at least one academic year of Arts and Science in a recognized college or university, or its equivalent. Subjects which should be included among those required for admission to the university are:"

17. *Manitoba Conference on Dental Education*

It was planned that during the fall of 1962 a teaching conference would take place at the University of Manitoba, Faculty of Dentistry. The event took place in December 1962. The report (Appendix C) prepared by Dean A. C. Lewis and accepted by the Council brought details on how the project has developed and materialized. Dean J. W. Neilson expressed in very eulogistic words his appreciation of the excellent work performed by the Toronto group. At this moment, these conferences have been held in every dental school of Canada, thanks to Dean Lewis' enthusiastic willingness and to the generous support of the C.D.A. and the Kellogg Foundation. All participants and observers concurred that it was a very stimulating experience and the starting point of many substantial improvements of teaching in Canadian dental schools.

National Dental Examining Board

18. The Council established liaison with the N.D.E.B. through its representatives to act as an advisory body on such matters as orientation, programming, curriculum content etc., and thus contributed to the adjustment of the N.D.E.B. to advance conditions of efficiency. On the other hand, the N.D.E.B. in its official capacity to ordinate and rule the national examination is in a position to evaluate the level of teaching standards in the Canadian dental schools and to immediately detect any deterioration in the quality of graduating students.

19. Notwithstanding the actual good relations, some improvement in the transfer of information could be thought of. The Board itself felt in future, the Council should be advised by the Secretary of the N.D.E.B. of any weakness in examinations which could be interpreted as arising from institutional hardships rather than student shortcomings. The Council concurred with this attitude and moved that more attention be given by the N.D.E.B. to

communication, including a supply of complete information on examination results, to each of the dental schools and the Council on Education.

20. The recommendation made last year by the Council to N.D.E.B. to undertake some introspective exercises was taken into account. A new classification of the subjects examinationwise has been contemplated. The Board has been considering bringing about some changes regarding the selection and appointment of examiners. The Board is anxious to maintain the existing good relations with the C.D.A. Corporate Members.

21. Dean J. D. McLean was reappointed a representative of the Council on Education to the N.D.E.B. for another three year term.

Conference on Undergraduate Orthodontic Teaching

22. A teaching conference sponsored by the Council was held in 1963 on the subject of the teaching of orthodontics at the undergraduate level. Dr. R. D. Haryett, chairman of the conference, reported in person to the Council. The Council received the report (Appendix D) and moved to refer the proposals to the schools for their guidance with strong recommendation for their implementation.

23. This action, by the same token, is filling the request expressed in a resolution adopted by the Dental Services Committee (Appendix E) at its last meeting.

24. *Advanced Standing Admissions*

At the 1962 Secretaries' Conference a resolution was adopted (Appendix F) and directed to the Council. This resolution relative to the selection of students with advanced standing, and the establishment of criteria to render it safe and equitable, once again stirred up a matter which has been almost year after year brought to the attention of the Council. In accordance with actions taken previously, (Transactions 1957:191, para. 4; 1960:124, para. 20; 1962:45, para. 35) the Council acknowledged receipt of the communication from the Secretaries' Conference and moved to refer the consideration to the dental schools using the procedure now in effect.

25. *Teaching Conference 1964*

It has been decided that the 1964 teaching conference will be on the subject of paedodontics. The conference will be held immediately prior to the Council meeting. Dr. W. Feasby, head of the Paedodontic Department, Faculty of Dentistry, University of Manitoba, was appointed chairman of the conference.

National Cancer Institute of Canada

26. In last year's report certain points were underlined:

(a) the excellent contribution of Dr. C. H. M. Williams in initiating teamwork with the N.C.I.C. and the Council;

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(b) the willingness of N.C.I.C. to cooperate and sponsor requests coming from the Council;

(c) the necessity to establish priorities in different fields where the assistance of the N.C.I.C. can be secured.

27. The committee appointed last year to inquire on the ways which would be found most profitable by the Canadian dental schools in receiving N.C.I.C. support, prepared a questionnaire which was sent to the dental deans. The information gathered is summarized in the appended report (Appendix G).

28. It appeared after this survey that holding a conference on oral cancerology would probably be considered as most logical and generally appreciated. This conference could become the stepping stone to other substantial developments as it is expected on this occasion to congregate delegates responsible for the teaching of oral cancerology in the dental departments. The Council moved that the committee continue its efforts to have the N.C.I.C. sponsor a conference on oral cancerology.

29. *Central Slide Library*

A recommendation from the teaching conference on oral diagnosis (1962) encouraged the establishment of a central slide library. A committee of three members, Dr. J. Fontaine, Dr. D. G. MacGregor and Dr. J. D. Spouge as chairman, was appointed to study the possibility of developing a slide library with related services. The activities of the committee were reviewed in a report submitted to the Council. The objectives of the slide library were defined. The form and administration of the services were deeply analysed and suggestions were made about the possible size and cost of the collection. Unavoidable difficulties of practical order should be foreseen and some institutions may respond coldly to the project, hence the emphasis of the report on the advantages which may be drawn from the slide library loan service and the answers to overcome main objections. The Council received this report and requested more information on the use of a slide library and details of cost, suggesting to the committee that an inquiry should be made at the American Dental Association slide library service.

Physical Examinations and Hospital Dental Services

30. A sub-committee was appointed to study the feasibility of training dental students to conduct physical examinations in order to provide the necessary adjustments to a generation of dentists admitting patients to hospitals. Dr. James McCutcheon, chairman of the sub-committee, presented a report which is attached as Appendix H. The Council approved the report.

31. If teaching to exercise physical examinations is not advisable at this time, this must not however curb the training of students in hospital dental services. Far from it, the Council on Education is making all efforts to have

this training expanded and has welcomed the resolution from the Executive Council passed in February 1963 (Appendix J). Further attention will be given to problems related to hospital dental services at the coming sessions without doubt.

32. *Minimum Curriculum Requirements for the Training of Dental Assistants*

A motion from the committee on auxiliary services as well as a policy statement (Transactions 1962:1, para. 6) requested the Council on Education to "undertake the responsibility of coordinating programs for the training of dental assistants including the establishment of minimum curriculum requirements". The Council appointed a sub-committee under the chairmanship of Dean H. R. MacLean to investigate the general terms of programming for the training of dental assistants.

Expanding Duties of Dental Hygienists

33. The Board of Governors approved a resolution (Transactions 1962:65, para. 18) that dental schools with schools of dental hygiene be urged to conduct experiments on the expansion of the duties of dental hygienists. On the other hand, the Board of Governors has agreed (Transactions 1962:5, para. 35, 36) that "all means should be explored with regard to methods of increased *usage* of auxiliaries before additional *duties* are assigned" and that "experimental studies should be conducted in dental schools to determine the maximum utilization of auxiliary personnel".

34. Although these two trends are not in complete opposition they call for a choice of emphasis and a concentration of energy which cannot be equally widespread to both. Therefore, the Council, noting that one or more experimental programs for the expansion of duties for dental hygienists have been initiated in dental schools, suggests waiting for the results of these experiments before making further recommendations.

35. *Teaching of Dental Public Health to Undergraduate Students*

The study on teaching of dental public health in Canadian dental schools, undertaken by the Council on Public Health, has been terminated and the final report has been brought to the attention of the Council on Education. This excellent report (see Council on Public Health) has been received with sympathy and appreciation by the Council and will be referred to dental schools for their guidance.

36. *The Canadian Conference on Education*

The C.C.E., after being in operation for a small number of years, ceased its activities in 1962. This vast and too generally diversified organization was sponsored by many industrial and professional foundations and associations of national character, among others the C.D.A. The moribund C.C.E. has resurged recently as a new organization with different policies and is now

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called the Canadian Education Week. Due to meritorious action and previous associateship of the C.D.A. with the C.C.E., the Council moved that C.D.A. continue its liaison with the Canadian Education Week.

37. *U.S. Survey of Dentistry*

In 1962, members of the Council and the deans of the dental schools made an analysis of the section on Education, of the report of the American Council on Education on dentistry in U.S.A. This year, three members of the Council, Deans James McCutcheon, H. R. MacLean and J. P. Lussier, presented an analysis of the three other sections, dental health, dental practice and research. After this preliminary study, the Council is ready to evaluate steps taken to implement the recommendations of the U.S. Survey Commission. It is planned for next year to review the impact of the report on the different components of the dental profession in U.S.A. through side reports and comments published since in dental literature.

38. *Budget*

The Council approved the budget to be submitted to the Treasurer as it appears in Appendix K.

Appendix A

NATIONAL RECRUITMENT COMMITTEE

1. The National Recruitment Committee met at headquarters on October 1, 1962. Following a review of activities between meetings the Committee reconsidered and agreed to bring to completion three projects: (1) a filmstrip and script, (2) a manual for local dental societies, and (3) a pamphlet to be directed to the membership to sustain its interest in recruitment. This latter project, assigned to Dean James McCutcheon, has been completed and will appear as a guest editorial in the *Journal of the Canadian Dental Association*.
2. *Provincial Committee Reports*
Reports from seven provincial recruitment committees were received. In general, the activities within the provinces were commendable. Recruitment committees are now functioning in nine provinces, Newfoundland being the exception. Activities in the provinces which have proved successful include emphasis on the services which individual dentists can perform in recruitment activities: personal contact, tours of dental schools and visits to dental offices, career day at secondary schools, liaison with vocational guidance teachers, cooperation with government officials particularly in education and health departments, and localizing and personalizing recruitment efforts.

3. *Placement of Dentists*

To the committee, recruitment and placement activities are complementary. Thus the committee recommends that the terms of reference of the National Recruitment Committee be augmented to include the placement of dentists. As an outcome of this proposal the committee is anxious to acquire an understanding of the factors which are favourable to the support of a dental practice. Accordingly the Bureau of Economic Research has been requested to undertake this study with Dr. H. K. Brown and Dr. G. T. Mitton as consultants.

4. *Canadian High News*

For five years members of the Canadian Section of the American Dental Trade Association have sponsored a dentistry page in the annual careers' supplement of *Canadian High News*. This publication reaches in excess of 100,000 Canadian high school students each year. From the issue of March 10, 1962, 500 coupons about dental careers were received from readers seeking additional information.

This number represents pupils from all provinces and from all grades at the high school level. The response was more than double that of the previous year.

Because the dental companies are now most significant contributors to the Canadian Fund for Dental Education, the committee agreed to assume responsibility for the project and accordingly sought and was granted a budgetary adjustment by the Executive Council. When the Fund has had greater opportunity to deliberate upon the role it is to play, it is possible that the committee might seek financial support from that source for this worthwhile project. The National Recruitment Committee is sincerely grateful to the members of the Canadian Section of the American Dental Trade Association for the generous support they provided which made possible an effective recruitment activity.

5. *Science Fairs*

The secretary of the National Recruitment Committee is the association's representative to the Canadian Science Fairs Council. Dental participation in the rapidly growing science fair movement in the United States is being intensified and increased. Although the movement in Canada is in its infancy, it too has considerable potential. The committee recommends to the Council on Education that the Canadian Dental Association should broaden the terms of its awards available to winners at the annual national science fair in order to support this movement in a more general way rather than limiting its support to projects strictly dental in character.

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6. *Challenge of Dentistry*

The committee screened the new film "Challenge of Dentistry" which is a sound and colour production running 28 minutes and produced for the American Association of Dental Schools and the American Dental Association. The film is of excellent quality and is suitable for general and dental audiences. It was felt that, if possible some introductory remarks should accompany the film to explain that conditions and requirements in Canada are not necessarily as shown in the film.

The American Fund for Dental Education has presented the association with 15 prints of the film. In order to attempt to assure maximum exposure the committee entered into a contract for one year with a company to promote the film. This promotion is achieved by literature sent to potential film users, including school groups and television stations. The company also contracts to maintain the film in good repair. Charges are levied only for completed showings of the film. The following figures reveal that the decision to promote the use of the film rather than storing it for transmission on request was a judicious one. In the three months of November, December (1962) and January (1963) this firm arranged nine television showings in five provinces to an estimated audience of 103,700 people. This represents a cost to the committee of approximately one cent for every eight people. To groups such as high school students, 17 showings were given to 794 people in four provinces, representing a cost of just over six cents per person.

7. *Bursaries and Scholarships*

The committee felt that dental schools are generally omitted from published lists of university admissions scholarships because such awards are almost non-existent. Inclusion of admissions scholarships to dentistry in lists which are publicized in secondary schools might encourage more applications to dental schools. The committee intends to encourage the establishment of admissions scholarships and notes with pleasure the admissions scholarships in the Faculty of Dentistry of the University of Toronto with the Royal College of Dental Surgeons of Ontario and the University of Toronto Dental Alumni Association, respectively, as the donors.

The committee was generally not impressed with the amounts of some provincial government bursaries awarded on a 'return-of-service' basis. These bursaries, again generally, have not proved popular with either dental or medical students. The committee would urge the Corporate Members to encourage their respective provincial governments to increase the amounts of these bursaries.

8. *Dental Hygienists*

The committee is privileged to have the dental hygienists represented by Mrs. Donna Leslie as a consultant to the committee. Dental hygienists

have already undertaken responsibilities in recruitment of dental hygiene students. They have concentrated their efforts on informing the dental profession and high school students about career opportunities, with notable success in the Toronto area. In May, 1963, initial organizational steps are being taken to create a Canadian Dental Hygienists' Association which, among other functions might coordinate recruitment activities nationally. It was suggested by the committee that dental hygienists should be recognizable across Canada and, accordingly, before the two new dental hygiene schools graduate their first classes this spring, efforts should be made, forthwith, to standardize the cap designations worn by dental hygienists.

9. *Committee Membership*

The terms of two members of the committee, Dr. R. G. Ellis, and Dr. R. R. McIntyre, are concluded in 1963. It becomes the responsibility of the Council on Education to appoint replacements for these members. Additionally it should be noted that the term of the chairman ends in 1964 and it is strongly recommended that for the forthcoming year a new chairman be appointed thus permitting the present chairman to conclude his service as immediate past-chairman.

10. *Budget*

The committee presents the following budget for 1964 for the approval of Council:

Committee meeting	\$ 750
Publications (Canadian High News, resource material)	1,500
Filmstrip (production and distribution)	1,500
Film distribution (Challenge of Dentistry)	750
Total	\$4,500

Respectfully submitted

R. G. Ellis

R. R. McIntyre

G. Ratte

D. C. Steeves

Wesley J. Dunn, Chairman

Appendix B

During the November 1962 meeting of the Board of Directors of the Royal College of Dental Surgeons of Ontario the following resolution was unanimously adopted:

Whereas the maintenance of academic standards for dental hygienists is a responsibility which must, under most existing legislation, be borne by the dental profession and

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Whereas to date all graduates of Canadian Dental Hygiene Programs have been required to possess senior matriculation before acceptance into the said programs as students and

Whereas the curriculum content of acceptable programs for the education and training of dental hygienists should be established pursuant to and based upon senior matriculation standing, therefore be it

Resolved that the Board of Directors of the Royal College of Dental Surgeons of Ontario strongly urges the Council on Education of the Canadian Dental Association in its establishment of minimum requirements for the approval of a course in dental hygiene stipulate, as an admission requirement, the possession of a senior matriculation qualification.

Appendix C

*REPORT OF THE CONFERENCE ON DENTAL EDUCATION
UNIVERSITY OF MANITOBA
FACULTY OF DENTISTRY
1962*

The conference was held on December 17 and 18, 1962 with the Faculty of Dentistry and consisted of a program of teacher training in the lecture room, laboratory, and clinic. Emphasis was also placed on measurement and evaluation of student progress. Most of the full-time and part-time staff were present for both days. Several of the staff of the Faculty of Education of the University were also present and participated effectively in the proceedings.

The contingent from Toronto consisted of Dr. H. M. Fowler, Dr. A. F. Skinner, Professor J. C. Spry and Dr. A. C. Lewis; all of whom had participated in a similar manner in Toronto in September 1955.

Dean Neilson is supervising the preparation of bound copies of proceedings which will be available to all who attended and to any staff members who may not have been able to be present. Copies will also be available to the Council on Education and will be considered by the writer as the complete report of the conference.

A. C. Lewis

Appendix D

*CONFERENCE ON UNDERGRADUATE ORTHODONTIC
EDUCATION
March 19-20, 1963*

The conference session was officially opened Tuesday morning, March 19th at 9.00 a.m. by the Chairman, Dr. R. D. Haryett, University of Alberta.

The following official delegates from the Canadian dental schools were present and welcomed on behalf of the Council on Education:

Dr. John Abra — University of Manitoba
 Dr. Claude Baril — University of Montreal
 Dr. Robert W. Faith — McGill University
 Dr. T. E. Spracklin — Dalhousie University
 Dr. Donald G. Woodside — University of Toronto
 Dean S. Wah Leung — University of British Columbia.

In addition, Dean Roy Ellis, University of Toronto, Dean James McCutcheon, McGill University, and Dean Jean Paul Lussier, University of Montreal were welcomed and participated in our discussions.

Dr. D. W. Gullett, Secretary of the Canadian Dental Association welcomed the delegates on behalf of the C.D.A. and discussed the history and purpose of the annual teaching conferences. Dr. Gullett expressed his wish for a successful meeting.

The Chairman expressed thanks to the Council on Education and the C.D.A. for making the conference possible. Appreciation of the entire group was expressed to Dr. Donald Woodside and through him to Dr. Roy Ellis for a tour of the Faculty of Dentistry, a T.V. demonstration and an excellent demonstration of diagnostic aids used in undergraduate orthodontic teaching.

The terms of reference for the conference were very nicely and succinctly defined "Orthodontic Teaching at the Undergraduate Level".

Our discussions centered around three main issues:

1. Aims and objectives in undergraduate orthodontic education.
2. Undergraduate orthodontic curriculum.
3. Role of auxiliary personnel in undergraduate orthodontic education.

Statement of Principle

This conference believes emphatically in the principle that the basic aim of undergraduate orthodontic teaching is to make orthodontic knowledge and judicious orthodontic practice an integral and enjoyable part of the practice of dentistry. To attain this goal undergraduate orthodontic education should:

1. emphasize those biologic subjects which are necessary to successful clinical orthodontic practice.
2. develop a high level of diagnostic knowledge so that the dentist may exercise his own judgment and self-discipline in deciding whether or not he, as an individual, is competent to carry out the necessary treatment.
3. develop those skills necessary to the dentist to adequately treat those problems not requiring extensive technical training.

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Recommendations on Curriculum

The following recommendations evolved from the discussion on curriculum:

A. *Lecture Course*

- (a) Growth and Development — minimum 20 hours
— presupposes a background in comparative vertebrate anatomy and human embryology.
 - (i) postnatal growth and development of the head
 - (ii) physiology of the occlusion
 - (iii) dynamics of facial growth and development with the application of serial cephalometry.
- (b) Classification, incidence, and etiology of malocclusion — minimum 10 hours.
- (c) Diagnosis and treatment planning — minimum 17 hours
— to be supplemented and correlated with an extensive program of clinical seminars.
- (d) Philosophy of treatment of complicated malocclusions and dento-facial deformities — 2 lectures.
- (e) Responsibilities of the general practitioner in the field of orthodontics — 1 lecture.
Minimum total lectures — 50 hours.

B. *Laboratory* — up to 30 hours

- to include
 - (a) wire bending exercises
 - (b) soldering exercises
 - (c) impression taking and model trimming
 - (d) simple appliance construction.

C. *Clinical Practice and Clinical Seminars* — minimum — 170 hours.

- (a) Clinical seminars are to be correlated with lectures and to include:
 - (i) examination of the patient
 - (ii) diagnosis and treatment planning
 - (iii) types of treatment
 - (iv) case presentations by students.
- (b) Clinical practice
— should provide a practical foundation for applying basic principles previously taught.

Role of Auxiliary Personnel in Undergraduate Orthodontic Education

It is recognized that auxiliary personnel is assisting in undergraduate orthodontic programs. We feel this policy has merit and should be encouraged.

It was stated by several of the members that the discussions on curriculum and communications of ideas served one of the important functions of the meeting and that for this we were deeply in gratitude to the Council.

Dr. Claude Baril, University of Montreal, submitted the following dissenting statement, "Considering that the present report represents minimum requirements for the teaching of undergraduate orthodontics, I would like to register my abstention as to the recommendation of its actual application in Canadian Dental Schools".

This session recommends to the Council on Education that the conference sessions be continued as a most worthwhile contribution to dental education.

R. D. Haryett
Chairman

Appendix E

RESOLUTION FROM DENTAL SERVICES COMMITTEE

"Whereas any Dental Service Plan, to be effective, must include Orthodontic treatment services, and

Whereas there are two broad divisions of Orthodontic malocclusion

- (a) those which are the responsibility of the general practitioner (i.e. space maintenance, space regaining, simple crossbites, habit prevention) and
- (b) those which are the responsibility of the trained orthodontist (i.e. handicapping deformities requiring major orthodontic treatment) and

Whereas orthodontic records show that a large percentage of those problems which are the responsibility of the general practitioners end up in the specialist's office, and

Whereas there are insufficient numbers of orthodontists to supply the needed services for handicapping deformities, therefore be it

Resolved that this committee recommend that the Council on Education urge all dental schools in Canada to have their orthodontic programs designed and planned to meet the present and future needs for orthodontic care."

Appendix F

RESOLUTION FROM SECRETARIES' CONFERENCE

"That the Council on Education give consideration to the development of criteria to assist in the assessment of the qualifications of graduates in dentistry of countries other than Canada and the United States and further

That if possible, a list of foreign dental schools which meet the acceptable criteria be presented for the guidance of the corporate members."

NATIONAL CANCER INSTITUTE OF CANADA

1. A committee was appointed by the Council on Education to investigate on the possibilities to issue proper liaison with N.C.I.C. and to explore the fields where the N.C.I.C. could appear more helpful with respect to dental education and research.
2. Drs. C. H. M. Williams and J. P. Lussier have been appointed to this committee.
3. The committee thought that a rapid investigation in the teaching of cancerology in the Canadian dental schools and on the special needs to insure this teaching in a satisfactory way would at the start supply the necessary information to initiate the proper actions from the N.C.I.C.
4. A questionnaire was sent to the dental schools requesting information on the time spent in the curriculum to the teaching of oral cancerology as lectures, laboratory and clinical sessions.

The answer lead to the following inforamtion

- | | |
|----------------|----------------------------|
| (a) Lectures | 2 to 18 hours in 2nd year |
| | 3 to 12 hours in 3rd year |
| | 1 to 11 hours in 4th year |
| (b) Laboratory | 13 to 33 hours in 2nd year |
| | 1 to 8 hours in 3rd year |
| (c) Clinic | 2 to 28 hours in 4th year |

The participation of the medical and hospital staff on these programs was analysed. 40% of the lectures, 55% of the laboratory hours and 22% of the clinical hours were given by the medical and hospital staff.

5. In one school only is the course taught as a separate entity, all others include oral cancerology with pathology, diagnosis, etc.
6. Suggestions to improve the teaching were as follows:
 - (a) Conference on clinical pathology should be made available or enlarged in scope.
 - (b) Attendance at cancer clinics should be possible.
 - (c) More time should be devoted in organizing these clinics so that the quality of the material is informative and illustrative.
 - (d) The students should be familiarized with the aspects and nature of early cancerous lesions.
 - (e) Dental interns and undergraduate students during their hospital assignment should attend pathology rounds.

7. Some support is needed to provide
 - (a) teaching aids
 - (b) biopsy services
 - (c) organization for cancer neoplasms
 - (e) mass screening method
 - (f) short courses for practitioners
8. About research, no schools are carrying projects on oral cancer although in some, staff is available and properly trained for this purpose. Two institutions contend they could engage in conjoint projects with hospital departments.
9. A meeting was held at the Faculty of Dentistry, University of Toronto on January 29, 1963. It was proposed that appropriate measures be taken to make available to dental practitioners a cytological laboratory service for oral smears.
The oral diagnosis clinic of the Faculty of Dentistry took the lead in this way and has offered this service since.
10. Dr. S. S. Stahl from N.Y.U., an authority in the field of exfoliative cytology has been contacted. It appears that he could come on invitation to address dental school staff members and practitioners in the use of the method of exfoliative cytology as applied to the detection of oral cancer. Such an occasion would be considered worthwhile grouping representatives from dental schools, those especially in charge of teaching oral cancerology. The N.C.I.C., to the latest news would act as the sponsoring agency.
Further arrangements have to be discussed before this project is ready to materialize.

C. H. M. Williams
J. P. Lussier

Appendix H

SUB-COMMITTEE ON PHYSICAL EXAMINATIONS

The sub-committee was formed to consider the feasibility of offering a course on 'physical examinations' in the undergraduate dental curriculum.

It seemed an important first consideration to determine the objective envisioned for the course. The feasibility of offering such a course will vary upon whether it has to be as comprehensive as that offered in medical curricula and intended to train dental students to similar levels of knowledge and sophistication in technique and interpretation; or, whether the course was intended to familiarize dental students with the techniques involved and

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more knowledgeable concerning the significance of the results without stress being laid upon the interpretative aspects.

The sub-committee is agreed upon the following matters:

- It is the primary responsibility of a school of dentistry to train qualified dentists to enter the profession; and, further, to the degree that dentistry is a member of the health profession, these graduates should have followed a programme oriented to medicine but not necessarily equivalent to the one offered in medical schools.
- The inclusion of a course on 'physical examinations' in the dental curriculum, on the broader of the bases noted above, would be a step towards the separation of the medical and dental professions; in that it would tend to make the dental graduate independent of the physician in this further area of interest. If a closer relationship between the professions is desirable, such a move is deemed undesirable.
- Dental curricula parallel, in many ways, the programme offered in schools of medicine. However, the dental curriculum equips the dental student, in no adequate fashion, to interpret the medical significance of the findings of a physical examination.
- The validity of medical judgments taken by a graduate dentist on the basis of the physical examination of a patient must be questioned by physicians and hospitals so long as dental curricula remain parallel or similar to, but not equal to medical curricula.
- Dental school time-tables are generally over-loaded and subject to constant demands for easily justifiable additional teaching hours from areas of strictly dental interest. The kind of major revision of curriculum required to validate the teaching of 'physical examinations' at a medical school level is impossible in current terms.
- The graduate dentist is unlikely, in the course of practice, to be called upon to carry out physical examinations of his patients, even if trained to do so, very frequently. The risk if a resulting lack of facility and experience leading to an inadequate examination or judgment is recognized.
- The development of current dental examination practices to more closely parallel those used in the physical examination of patients by physicians may well have merit. Particular reference is made here to the taking of an adequate 'History' of the patient and the closer clinical observation of the normally exposed portions of the body.
- There may be some advantage as well, in having the dental graduate aware of the procedures and purposes of the various aspects of a physical examination; and more knowledgeable concerning the findings therefrom.

This may best be accomplished through student assignments in teaching hospitals including attendance, where possible, on 'ward rounds'.

The sub-committee proposes therefore that:

1. while it may be feasible to offer a course in 'physical examination' in the dental undergraduate curriculum, to do so, in an extensive fashion, is both impractical and undesirable; and,
2. the Canadian schools of dentistry be encouraged to include in their undergraduate programmes a short series of lectures and demonstration periods designed to make the student aware of the techniques involved in the physical examination of a patient and more knowledgeable concerning the findings thereof.

Respectfully submitted

H. R. MacLean

R. G. Ellis

J. McCutcheon, Chairman

Appendix J

RESOLUTION FROM EXECUTIVE COUNCIL FEBRUARY 1963

Whereas the Executive Council agrees with the Hospital Services Committee that the importance of hospital dental services is significantly increasing, and

Whereas it would be desirable to include more training in hospital services in the dental schools, therefore be it

Resolved that the rapid expansion in hospital dental services be brought to the attention of the Council on Education and be it further

Resolved that the Council on Education give study to increasing the hospital dental service training in the Canadian dental schools.

Appendix K

1964 BUDGET

	<i>N.R.C.*</i>	<i>Council</i>	<i>Total</i>
Meetings	\$ 750	\$2,500	\$3,250
Publications	1,500	200	1,750
Filmstrip	1,500		1,500
Film Service	750		750
Travel		300	300
Consultant		1,000	1,000
	\$4,500	\$4,000	\$8,500

* National Recruitment Committee

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COMMENT AND ACTION

- 1-2. Information.
3. Noted with satisfaction.
4. Concur.
5. Approved.
Appendix A.
 - 1-2. Information.
 3. Concur.
 - 4-5. Approved.
 6. Approved — appreciation is expressed to the American Fund for Dental Education for its valuable assistance.
 - 7-8. Agreed.
 9. Noted.
 10. Approved.

The National Recruitment Committee is to be highly commended on the worthwhile results of its efforts.
6. Approve recommendation.
7. Approved.
8. Information. The Faculties of Dentistry of Alberta and Dalhousie Universities are to be commended for requesting visit of survey team.
9. Noted with satisfaction.
10. The School of Dental Hygiene of Dalhousie University is congratulated on receiving the approval of the Council on Education of the Canadian Dental Association. It is noted with satisfaction that the School of Dental Hygiene of Dalhousie University proposed to revise its admission requirements and that the requirements 'will be in full operation during the academic year 1964-65'.
- 11-14. Information.
15. Agreed.
16. Approved.
17. We commend the Council on Education for arranging the December 1962 Conference on Dental Education. It is recommended:
That the appreciation of the Canadian Dental Association be expressed to Dr. A. C. Lewis, Dr. H. M. Fowler, Dr. A. F. Skinner and Professor J. C. Spry for their contribution to this worthwhile event.

ADOPTED

18. The Council on Education is to be commended for continuing to recognize its responsibility to the N.D.E.B.
19. Agreed.
20. It is noted with approval that the N.D.E.B. is conducting a study of its functions. It is hoped that the results of this study will be made available to the C.D.A. through the Council on Education and to the Corporate Members through their representatives at an early date.
21. Heartily approve.
22. Agreed.
- 23-24. Noted.
25. Approved.
26. (a) Noted.
(b) Noted.
(c) Agreed.
27. Agreed. The special committee is to be commended. The participating support of the N.C.I.C. is highly desirable and greatly appreciated.
28. Heartily concur.
29. Noted with approval that favourable consideration is being given to proposal.
30. Concur.
31. Noted with approval.
- 32-33. Information.
34. Concur.
35. Information.
36. Agreed.
37. The Council on Education is to be commended for the analyses of the U.S. Survey of Dentistry already made and the Council is to be encouraged to continue similar studies of this important Survey.
38. Approve.

We recommend the adoption of the report of the Council on Education and commend the Chairman and members of the Council for its contents.

APPROVED

MEMBERS: *J. P. McGuigan, Chairman, Halifax, N.S.; H. N. Beach, Ottawa, Ont.; R. J. McCarten, Winnipeg, Man.; E. F. Dexter, Halifax, N.S.; L. E. Duffy, Charlottetown, P.E.I.*

REPORT

1. One needs to exercise great care in these days of apparently diminishing power of the individual and the growing power of the masses. This is evidenced by the enactment of legislation in some of the provinces, in which the freedom of the individual has been curtailed in favour of a group who felt they were discriminated against.

2. Your Council after study proposes one minor change in the Code of Ethics, at the request of a member of the C.D.A. Under Clause iv, paragraph (e), contract practice the words 'and consulting' to be inserted between the words 'dental' and 'services'. Clause iv, paragraph (e) then would read:

Contract Practice — may permit a dentist to enter into an agreement with individuals, institutions, corporations, city, municipal, provincial and federal governments to provide dental and consulting services, provided that the contract or agreement does not contravene the principle of ethics as laid down or implied in either a provincial or the Canadian Dental Association's Code of Ethics.

3. (a) It was suggested at last year's meeting that the Council on Ethics make a study of the question of issuing certificates of oral health to patients when it is known that the purpose of such certificates is to enable the acquisition of services by such patients from persons other than dentists.

(b) Your Council gave considerable thought and study to this matter, not only within the Council, but also sought advice from individuals outside the Council, and in so doing has endeavoured in our report to formulate conclusions which your Council feels are in the best interest of the patient and profession, under the laws of the provinces concerned.

(c) Although there was some variance of opinion on this problem your Council is desirous at this time to present what might be called a preliminary report, as we felt some further light might be shed on this problem at this meeting.

(d) Your Council feels the Bills introduced in the British Columbia and Alberta legislatures, enabling dental mechanics to insert full dentures for patients possessing a certificate of oral health signed by a licensed medical or dental practitioner, are not in the best interest of either the patient or profession. However because this legislation has been enacted and has become law, this gives the mechanics so licensed under this legislation the right to perform these services.

(e) The Council on Ethics might well take the stand that the signing of such certificates of oral health by a dentist is unethical, as it might appear

that the dentist is condoning the treatment of a patient by one of lesser qualifications under circumstances in which the dentist is unable to assume responsibility.

(f) However, should the disciplinary committees of the provinces concerned attempt to take action, they might well find themselves in an embarrassing situation to impose such discipline as the dentist might seek retribution through court action, which might be upheld, as the dentist according to the act is within his legal right in signing such certificates.

(g) Your Council feels the signing of such certificates as presently worded may place the dentist in a position of responsibility for conditions which might ensue after the insertion of the denture.

(h) Your Council deplores the signing of such certificates by dentists, but realizes that it is permissible under the legislation as enacted in certain provinces. In signing such a certificate he is stating that the mouth of the patient in his judgment is in proper condition for the insertion of dentures. The dentist may be aware that this patient on receiving this certificate will seek the services of a dental mechanic for the purpose of acquiring dentures, but he is not referring or advising the patient to seek the services of such a person.

(i) Furthermore the dentist has another alternative, as he has the right to refuse to see or accept as a patient any person seeking his services either for consultation or treatment.

(j) Your Council does not approve this legislation as adopted in British Columbia and Alberta as it is not in the public interest.

4. We do not anticipate any expenditures during the following year and therefore no budget is presented.

COMMENT AND ACTION

1. We concur with the statement.
2. Agreed.
3. (a)-(c) Informative.
 (d) Agreed.
 (e)-(h) Informative.
 (i) Agreed.
 (j) Informative.
4. Informative.
 We recommend the adoption of the report.

APPROVED

MEMBERS: *M. V. J. Keenan, Sudbury, Ont.; Wm. Miller, Vancouver, B.C.; J. Zimmerman, Calgary, Alta.; R. Langlois, Quebec, P.Q.; P. S. Christie, Halifax, N.S.; J. P. Coupland, Ottawa, Ont.; W. J. Riley, Winnipeg, Manitoba.*

REPORT

1. The term of office of the present Executive Council as closely as possible spanned one full year which is considered ideal for the operation of councils and committees. During this time the Executive Council convened on three occasions. The first meeting was on June 3 following the board meeting in Vancouver. The second was February 11-14, 1963, at headquarters and the last was immediately prior to this annual meeting. It was found necessary to conduct three mail votes during the year.

Annual Meetings

2. 1962

Dr. Leslie F. Marshall submitted his final report for the 1962 convention. The report was most comprehensive and well prepared. Copies have been sent to chairmen of future convention committees. Recommendations contained in the report will be considered for use in a revised convention manual. Dr. Marshall insists that the convention was the result of team work. The Executive congratulated the convention chairman and the members of his team on the successful outcome of their efforts.

3. 1963

(a) Dr. Purves presented his report in person and it was adopted with complete approval.

(b) The agenda and reference committee personnel for this meeting were drafted and approved by the Executive Council.

(c) Dr. John W. Clay of Calgary was appointed installing officer for 1963.

(d) The names of Dr. Harvey W. Reid and Dr. A. Clifford Lewis, Advisor to the Council on Education, were proposed for honorary membership at the 1963 annual association meeting.

(e) The presentation to be sponsored by the Canadian Dental Association at the convention will be held on the Monday afternoon. The subject approved by the Executive Council is "The Changing Pattern of Health Services within the Framework of the Body Politic". Speakers will be Dr. A. D. Kelly, General Secretary of the Canadian Medical Association, Dr. W. G. McIntosh, a Past President of the Canadian Dental Association, and Mr. I. W. Outerbridge, a Toronto lawyer. The President will be chairman of this meeting.

4. 1964

A progress report from Dr. Ross Stuart of Edmonton, Chairman of the 1964 Convention Committee, was reviewed by the Executive Council at its February meeting.

5. 1965

The Council was pleased to confirm the appointment of Dr. Louis Bernier of Quebec City as Chairman of the 1965 Convention Committee.

6. 1966

The New Brunswick Dental Society had invited the Canadian Dental Association to meet in New Brunswick in 1966. Because suitable accommodation could not be found, and with the agreement of the New Brunswick Dental Society, the Executive accepted the invitation of the Nova Scotia Dental Association to host the 1966 annual meeting in the Maritime region. Location is to be Halifax.

7. As was determined some time ago, the 1967 convention is to be held in Toronto in cooperation with the Ontario Dental Association as it celebrates its centennial. It has also been determined that the 1969 meeting will be in Montreal in celebration of the Quebec centennial. It is expected that locations for 1968 and 1970 will be settled shortly, possibly before this meeting is over. It is anticipated that the 1968 meeting will be in Vancouver and that the 1970 meeting will be in Winnipeg. (See 41-42)

8. *Past Presidents' Breakfast*

Dr. Whyte's report on the past presidents' breakfast was adopted and its contents noted. Many of the items contained therein were considered under other items of business. Dr. William Miller is in charge of arranging for the 1963 breakfast meeting.

9. *Royal Commission on Health Services*

The Secretary presented a progress report on the Royal Commission on Health Services and, as this is of vital concern to all Canadians in particular, and to many others in general, the report is appended (A).

10. *Royal Commission on Taxation*

A steering committee consisting of Toronto members of the Dental Services Committee and staff was formed to draft a brief to the Royal Commission on Taxation. All corporate members were invited to submit suggestions. All suggestions were reviewed carefully by the steering committee. At its meeting in February the Executive Council reviewed and approved the brief. The two main recommendations concern deductions for expenses of attendance at authorized refresher courses and deductions for salaried dentists' attendance at conventions. Hearings were scheduled for early May and the President, Secretary, Chairman of the Dental Services Committee and Director of the Bureau of Economic Research were delegated to appear.

11. *Headquarters Staff Dental Plan*

The report for the Headquarters Staff Dental Plan was adopted and the same budget appropriation as in 1962 was renewed. One year of operation

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of a plan is not sufficient to be reliably useful in forecasting future trends and costs but the report with careful study does convey much information. For this purpose, the full report of the first year's operation is appended to the report of the Bureau of Economic Research.

12. *Bureau of Public Information*

The Executive approved the expenditure of \$6,000 in 1963 for production and distribution of a new series of television filmlets and approved the suggestion that animation rather than live actors be used. Details of actions taken are reported to this annual meeting by the Bureau of Public Information.

13. *Headquarters Expansion*

The Headquarters Property Committee will report in some detail to this annual meeting. The committee has worked very closely with the Executive Council in preparation and execution of the expansion program. Many delays, through no fault of the committee, were encountered but visible signs of action should be in evidence during this meeting.

14. *Science Fairs*

The Council approved the suggestion that the two Canadian Dental Association awards of \$100 each be made annually and without restriction to dental exhibits. Mr. Croft, our representative to the Canadian Science Fairs Council, was instructed to proceed with arrangements for the second Canada-wide Science Fair to be held in Toronto in May. Dr. A. M. Hunt of the Toronto Faculty of Dentistry has since been appointed to the judging committee. (See 43-44)

D.V.A. Fee Schedule

15. At the 1962 annual meeting, the Board adopted a resolution (Transactions 1962:85 42) that the corporate members be polled on the question of fee schedules of the Department of Veterans Affairs. This resolution appeared to be the result of two factors: (a) several corporate members had no definite fee schedule; (b) some governors would not assume the responsibility of committing their corporate members without further direction from the corporate members.

16. According to instructions in the resolution mentioned above, the corporate members were asked to voice their opinions with the result that eight "yes" votes and two "no" votes were received. The Executive Council therefore adopted the following resolution:

Whereas the corporate members have shown a majority opinion in favour of adopting provincial fee schedules as the basis of payment of Department of Veterans Affairs accounts, therefore be it

Resolved that the Executive Council adopt the concept of provincial fee schedules as the basis of negotiation with the Department of Veterans Affairs.

Members of the Executive Council realize that it may be necessary for negotiators to agree to something less but the principle of having a base of 100% of provincial fee schedules is established by this resolution.

17. Looking to the future development of Dental Health Service Plans, the Executive Council is of the opinion that the establishment of definite provincial fee schedules of a positive nature and not qualified by the word "suggested" "guide" or other like terminology is a most important matter. The following resolution was adopted by the Executive:

Whereas fee schedules are required to provide the basis for payment of services under dental service plans, and

Whereas the Executive Council has adopted the policy that the provincial fee schedules should be utilized for this purpose, therefore be it

Resolved that the corporate members be urged to establish a definite fee schedule at the earliest possible moment.

ADOPTED

18. *F.D.I.*

The Federation Dentaire Internationale is each year growing in stature and importance. Canada as a member nation must make her contribution. It has been proposed that Canada play host to either a meeting or a congress in the near future. For information only, two pertinent reports concerning the F.D.I. are combined as appendix B.

Federal Dental Services

19. The 1962 annual meeting commented as follows:

We agree in principle that the Federal Dental Services should have representation on the Board of Governors and to this end our solicitor should be requested to prepare an amendment to the present by-laws creating another classification of membership to be included in and not conflicting with articles II and V of the present by-laws. Such amendments to be prepared in time for the next meeting of the Board of Governors.

20. Further consideration has been given and some correspondence on the matter has occurred between headquarters and the Council on Constitution and By-laws. There are several reasons against carrying out the direction of the board:

(a) Those members classified under Federal Dental Services cannot be given classification as members under article II as they are (or should be) already individual members. To attempt doing so would be an attempt to create duplicate membership for certain members of the association.

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(b) Federal Dental Services cannot be considered as a Corporate Member under article II as such members submit names for membership and pay grants.

(c) The only requirement necessary to provide for the adopted principle is provision for a representative of Federal Dental Services to be a member of the Board of Governors. The composition and election of Board members is dealt with in article V.

21. The paragraph numbered (c) above was approved by the Executive Council and the necessary direction was given to the Chairman of the Council on Constitution and By-laws for his action, which he reports to this meeting.

22. *Projection of Dental Services*

The policy statement entitled "Projection of Dental Services in Canada" is subject to annual review by the Executive Council. Section 5 entitled "Implementation" of the policy statement was reviewed item by item.

1. Statistical data concerning dental needs of the people have been prepared for the Brief to the Royal Commission on Health Services and for the National Dental Health Index. This type of information concerning demand for dental care is not available nationally although some indication may be developed from dental services plans operating and from studies being conducted by the Royal Commission on Health Services.

2. The budget of the Council on Research has been increased annually. Establishment of the Canadian Fund for Dental Education may also assist in providing support for research personnel and projects.

3. The Council on Public Health and the Bureau of Public Information continue their efforts to promote fluoridation and other preventive measures.

4. The policy statement on auxiliary personnel was revised in 1961. It is recommended that when the policy statement on projection of dental services is reprinted, the instruction be to review rather than revise annually the policy statement on auxiliary personnel.

5. Dental hygiene schools have been established recently in two additional universities. Experiments are continuing in the schools and the R.C.D.C.

6. A dean has been appointed to plan the new dental school at the University of British Columbia and plans are being projected for a possible new dental school in Ontario.

7-8. Action is continuing in these fields.

9. Pilot study programs concerning the training and the uses of dental auxiliaries are being carried out in the schools and the R.C.D.C.

10. Recommendations are being put forth now to increase the support of establishment of dental service corporations. Little actual progress can be reported at this point.

11. The brief to the Royal Commission on Health Services makes recommendations concerning bursaries for students. Establishment of the Canadian Fund for Dental Education may assist in this field. Some provincial bursaries schemes are not working too well.

23. The Executive Council approved the following resolution:

Whereas it is recognized that the wives of the President and Secretary are expected to accompany their husbands on some occasions while representing the Canadian Dental Association, therefore be it

Resolved that the travel, hotel and similar expenses be assumed by the association on such occasions.

ADOPTED

24. *Royal College of Dentists*

Dr. M. A. Rogers, Chairman of the Specialists and Specialization Committee, appeared before the Executive Council and presented his report in February. As a result, Council approved the following motions:

(a) That the Canadian Dental Association provide financial support for the establishment of the Royal College of Dentists of Canada as follows:

(i) that the association underwrite the expense involved in obtaining incorporation

(ii) that the Canadian Dental Association convene the first meeting of the Council of the College under the auspices of the Specialists and Specialization Committee.

(b) In harmony with the direction of the 1962 annual meeting and in full consideration of the costs involved, the Executive Council adopted the following resolution:

That the Canadian Dental Association proceed with the incorporation of the Royal College of Dentists.

(c) That the Executive Council accept as the provisional Council of the Royal College of Dentists of Canada the names listed in Transactions 1962: 162 and leave to the discretion of the Specialists and Specialization Committee the choice of alternates as may be necessary.

(d) That the Secretary be authorized to call a meeting of the initial Council of the Royal College of Dentists upon request from Dr. M. A. Rogers, Chairman of the Specialists and Specialization Committee.

(e) That the report of the Specialists and Specialization Committee be approved as amended and that the committee be highly commended for its efforts.

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(f) The sum of \$8,000 was budgeted to defray the costs of the above actions.

25. *Canadian Fund for Dental Education*

The Canadian Fund for Dental Education has become a reality. A Board of Trustees, approved by the Executive Council, has held its first meeting and is developing plans for fund raising. A complete report is presented to this annual meeting by the Chairman, Dr. J. D. McLean. At its February meeting, the Executive Council agreed to provide from the 1963 budget a grant of \$5,000 to the Fund.

Hospital Services

26. The Executive agreed with the Hospital Services Committee that the time has arrived to make application for a seat on the Canadian Council on Hospital Accreditation. The cost to the association, should the application be approved, would be approximately \$4,000 annually.

27. A resolution calling attention to the increasing importance of hospital services was approved:

Whereas the Executive Council agrees with the Hospital Services Committee that the importance of hospital dental services is significantly increasing, and

Whereas it would be desirable to include more training in hospital services in the dental schools, therefore be it

Resolved that the rapid expansion in hospital dental services be brought to the attention of the Council on Education, and be it further

Resolved that the Council on Education give study to increasing the hospital dental service training in the Canadian dental schools.

28. *National Recruitment Committee*

This is a sub-committee of the Council on Education and as such secures its budget allotment through the Council. Because of the fact that a change of use of part of its allotment was required prior to the meeting of the Council, the Executive approved the following motion:

That the National Recruitment Committee be authorized to change their budget allotment to permit the sum of money presently assigned to travel to be assigned to subsidize publicity in the Canadian High News.

29. *C.D.A. Sections*

The 1962 annual meeting adopted a resolution instructing the Executive Council to "study the matter of financial assistance in providing speakers to specialty sections holding meetings in conjunction with the CDA convention". Such assistance is at present contrary to the policy that sections be self-

sufficient financially. Following this instruction, the Executive Council appointed a sub-committee to study this problem. A report was adopted at the February meeting of the Executive Council and is appended hereto (C). (See 40)

30. *C.D.N.A.A. Grant*

The Canadian Dental Nurses and Assistants Association requested that the Canadian Dental Association extend a grant in the sum of \$300 to assist with annual convention expenses. Conforming with association policy to lend assistance to dental auxiliaries, the Executive Council agreed to make an annual grant to the Canadian Dental Nurses and Assistants Association to help with convention expenses.

31. *Finances*

At its February meeting the Executive prepared and adopted the 1964 budget of the association and recommends its adoption by the Board. Extraordinary items were added where necessary to the 1963 budget. Complete details appear in the report of the Treasurer to this meeting.

32. *C.D.A.-A.D.A. Conference*

The Executive Council of the Canadian Dental Association and the Board of Trustees of the American Dental Association have both agreed that a second joint meeting would be desirable. The secretaries of the two associations have been attempting to establish a suitable date. Recent correspondence from the Secretary of the American Dental Association has suggested September 6-7 in Chicago and the Executive Council agreed to these dates. (See 39)

33. *Bureaux Administration*

Part of the resolution which appears in Transactions 1962:131 (4n) may be interpreted as being contrary to adopted policy. The resolution recommends that the Executive "consider the advisability of establishing a small ad hoc committee to assist the Bureau of Economic Research . . ." in securing certain information. To obtain the best results in the operation of a bureau, the Director must be left free to consult any individual or authority who in his or her judgment may have information of value. When necessary the Director is free to set up a committee for consulting purposes. For matters referred to a bureau the responsibility should rest on the director of the bureau. Best performance in the interests of the association will result from this administrative policy. The position of the director would become untenable if councils and committees were permitted to set up committees within the bureau. The Executive Council adopted this policy.

34. *Dental Services Committee*

The Council discussed a report of the Dental Services Committee about encouragement and support of certain types of meetings concerning dental

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service plan and making funds available from which grants could be made to provinces developing dental service plans. The Executive adopted a resolution agreeing that authorization be given to expend funds from the contingency account under conditions stipulated in the Dental Services Committee report. This subject is discussed in detail in the annual report of the Dental Services Committee.

35. *Successor to Secretary*

A special sub-committee of the Executive Council was appointed to seek a successor to the Secretary upon his retirement. The committee has consulted every corporate member in order that no potential candidate may be overlooked. Negotiations are underway at the present time on a confidential basis. You will understand that it would not be fair to any individual concerned to make a premature announcement. The Executive Council will have a definite report on this subject at the 1964 annual meeting.

CDA Insurance Plans

36. Half a day of the February meeting of the Executive Council was set aside for thorough discussion of pension and insurance plans sponsored by the association. The administrator, Mr. J. T. Staddon, presented the eleventh annual report of these plans (Appendix D).

37. At the 1962 annual meeting, a resolution (Transactions 1962:84) was adopted which instructed the Executive to "engage expert advice to examine the entire field of insurance as it applies to the dental profession". The insurance trustees considered this resolution last September. Outside consultation and advice were obtained to select the "expert advice" referred to in the resolution. The Wyatt Company was selected and its representative attended the Executive Council meeting to discuss his report. Prior to the discussion, a sub-committee studied the report in order to be able to ask pertinent questions. The result of the thorough investigation by the independent actuarial firm is most favourable to the insurance plans sponsored by the association. Recommendations in the report were referred to the plan trustees for consideration. The Wyatt Company has submitted a summary report which is appended (E) hereto.

38. Again at its meeting on May 14 the Executive Council devoted half a day to discussion of insurance matters. The insurance trustees were present for this discussion. The Council was favourably impressed with the report of the Wyatt Company.

39. *C.D.A.-A.D.A. Conference*

It has been agreed that a joint meeting will be held in Chicago, September 6-7, 1963, of the Executive Council of the Canadian Dental Association and the Board of Trustees of the American Dental Association. The purpose of

the conference is to discuss matters relating to dentistry and of concern to both associations. Officials of both associations derived considerable benefit from discussions at a similar conference in Toronto in 1960. (See 32)

40. *C.D.A. Sections*

Arrangements have been completed for section chairmen to meet with the Executive Council during this annual meeting. Purpose of the meeting is to clarify the position of the sections in relation to the association. (See 29)

Annual Meetings

41. 1968

At its meeting May 14th, the Executive Council accepted, by motion, the invitation of the British Columbia Dental Association to hold the annual meeting in Vancouver in 1968. (See 7)

42. 1970

Also on May 14, the Executive by motion accepted the invitation of the Manitoba Dental Association to hold the annual meeting in Winnipeg in 1970.

Science Fairs

43. A report of the second Canada-wide science fair was presented at the May 14 meeting. This national fair was held in Toronto May 3-4. It featured 53 exhibits prepared by high school students from Quebec to British Columbia. These students are winners from local and regional science fairs. (See 14)

44. Our representative presented cheques in the amount of \$100 to one boy and one girl in the biological sciences division. Certificates signifying the Canadian Dental Association award were displayed on the winning exhibits during the fair. Awards were made to Miss Mary Allison of Morrisburg, Ontario, and Donald Williams of Hamilton, Ontario. Attempts are being made to have both winners display their exhibits during the convention which follows this Board meeting.

Appendix A

ROYAL COMMISSION ON HEALTH SERVICES

Meetings of the Royal Commission are being held in camera and we understand progress is being made in preparation of the report. The studies (some 29, of which 3 are on dental services) under individual contracts were to be completed and turned in to the Commission before the end of February 1963. Co-operation, chiefly by the Bureau of Economic Research of the Canadian Dental Association has been given those preparing the studies. The time of issue of the report is difficult to assess but rumours exist that it will be ready for publication this coming fall.

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In the meantime considerable activity of a political nature on health services is occurring in several provinces. The Alberta Medical Association engaged the services of the Western Research Company to survey the provision of health services in that province. The report is not available but from reliable sources we believe this report states that:

- 67.5% of households enjoy some degree of prepaid or government sponsored medical coverage.
- of these 53.4% have comprehensive coverage
14.1% have partial coverage
32.5% have no coverage at all.
- “no coverage” is much higher in rural farm regions and lower in urban industrialized areas.
- basically households with ‘no coverage’ break into three socio-economic groups
 - (a) farmers
 - (b) unskilled workers
 - (c) small owners (this group have financial means to afford a pre-paid plan)
- the majority of Albertans do not favour the financing of medical coverage through government participation.
- majority of persons with no medical coverage indicate approval of a means test.
- persons whose income is over \$8,000 annually show a strong aversion to government participation.

The investigators assessed the attitude of people to their doctors and found it good.

Discussions have been taking place between the representatives of the medical profession in Alberta and the government. At the moment it is said that the intention of the government is to co-operate with and through the established medical prepaid plans.

No need exists to review the situation re medical services in Saskatchewan except to say that the relationship between the medical profession and the government is one of uneasy truce. However, the government is actively engaged in an endeavour to find an easy solution to providing increased dental services. The report of the New Zealand Dental Mission is not available as yet but government representatives are holding discussions with the dental profession.

In Ontario, all three political parties are committed to providing health services and an election is in the offing. The differences in the commitments are in method and not in the principle.

Less prominent discussions are occurring in other provinces. While the initial move is in medical services, we can anticipate that dental services will follow. Already the point is illustrated in Saskatchewan and in the platforms of the political parties. To some extent the move in the provinces may be interpreted as an effort to move politically ahead of the report of the Royal Commission.

Appendix B

INTERNATIONAL DENTAL FEDERATION

50th Annual Session, Cologne, Germany, July 7-14, 1962

1. *Attendance* — Approximately 10,000 were registered from 86 countries. The Council for International Organizations of Medical Sciences generously granted travel expenses of ten young dentists. (Austria, Bulgaria, Czechoslovakia, Finland, Greece, Poland, Sweden and the United Kingdom).
2. *Opening* — The Congress was opened by the President of the Federal German Republic with the Federal Minister of Health, other government officials and the Lord Mayor of the City of Cologne present.
3. *General Notes on Congress* — A very full five day program of presentations took place covering all the areas of dentistry. The commercial exhibition was outstanding and undoubtedly the largest ever held anywhere. Several exhibitions including dental history, publications, dental health education and the "dentist as an artist" were well presented. The military conference was attended by 150 dental officers from over 30 countries.
4. *General Assembly*
 - (a) *Elections:* Dr. Jean Deliberas (France) was re-elected President for another year, Dr. Hans Freihofer (Switzerland) was also re-elected Speaker and Dr. Erich Muller (Germany) was elected President-elect.
 - (b) *Membership:* The Jordan Dental Association and the East African Dental Association were accepted as members, making 62 national dental associations in 51 countries members of the FDI. The number of supporting members showed a slight increase to 4763 (of which 75 are members of the Canadian Dental Association). A basis for life membership was established at 1961 meeting at the rate of 200 U.S. dollars and some 18 life members in United States were reported. Canada now has one FDI life member.
 - (c) *Regional Organization:* To meet an existing demand a study has been underway for two years and report will be presented at 1963 Stockholm meeting. This effort is to divide the world into regions for administrative purposes.

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- (d) *Finances*: Increased costs and expanding responsibilities caused adoption of the following resolution:

Resolved, that Chapter IX, Section 10A of the *Regulations* be amended to increase the annual subscription of member associations or national committees to £10 sterling for each one hundred members or fraction thereof, and be it further

Resolved, that Chapter IX, Section 10B be amended to increase the annual subscription of corresponding member associations or national committees to £60 sterling annually, and be it further

Resolved, that with this formal notice of intent to amend the *Regulations* regarding subscriptions, the proposal be considered by the General Assembly in 1963.

- (e) *Headquarters*: The headquarters office in London has been precarious and only available through the courtesy of the Secretary-General. Ten per cent of the Cologne enrolment fees were set aside to initiate a headquarters fund.
- (f) *1967 Congress*: The next Congress will be held at Paris and in the future quinquennial meetings will be called 'world dental congresses of the FDI.'
- (g) *International Specifications*: The specification for zinc phosphate cement was adopted together with amendments to specification for dental silicate cement. Special mention was made of the official action of the Canadian Dental Association in recognizing international specifications of dental materials.
- (h) *Dental Manpower*: The Assembly held a special session on dental manpower and at a later session adopted principles for the development of manpower in dentistry.
- (i) *Specialization*: This will be the special subject for consideration at Stockholm (1963).
- (j) *Dental Armed Forces*: In some countries a dental corps does not exist and in others support for the corps is precarious. The following resolution was adopted:

Whereas, it is self evident that oral health is essential for the soldier's fitness in war, and

Whereas, all experience goes to prove that a well functioning dental service in war time is necessarily dependent upon a similar service in peace time, particularly in view of the high oral disease rate in the military age group, therefore be it

Resolved, that there is a compelling necessity for such a military dental service in peace time.

- (k) *Dental and Stomatological Education:* For several years a clear statement of opinion by the Federation has been attempted and finally the following resolution was adopted at the Cologne meeting.

Whereas, every patient has the right to receive the highest possible type of oral and dental treatment, and

Whereas, the basic qualification to render this type of dental treatment rests directly on the education and training of the dental practitioner, therefore be it

Recommended, that the full responsibility for the dental treatment of the individual patient be placed only on those persons legally and professionally qualified by either:

1. Education, training and qualification in academic institutions whose curricula have been approved by the dental profession, graduates of such institutions may be designated as dentists;
2. Education, training and qualification in academic institutions whose curricula have been approved by the medical and dental profession, provided that such education and training include, or be supplemented by, appropriate dental study, graduates of such institutions may be designated as stomatologists;

and be it further

Resolved, that in principle dentists and stomatologists thus educationally qualified shall be deemed equally competent to assume full responsibility for the oral and dental health care of the individual patient. It remains as in the past within the province of each nation to select either one or both of the above forms of training.

The above represents only a few of the highlights. The meeting was extremely well organized and successful for which the German Dental Association deserves great credit. The commercial exhibits were outstanding, there being exhibits by 450 manufacturers. The social program was most elaborate. Members of the General Assembly paid a one-day visit by chartered plane to Berlin as guests of the President of the German Republic.

The Swedish Organizing Committee is well-advanced with its plans for the Stockholm meeting, June 29 to July 6, 1963.

Principles for Development of a Manpower Programme in Dentistry

Introduction. The basic objective of the dental profession in all countries of the world is to make dental health care available to all citizens who need and

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want it so that the total health of the individual and of the nation are best served. The profession, therefore, has major, but not unshared responsibility for recruiting to its ranks a sufficient number of legally and educationally qualified persons to meet present and future manpower needs in the field of dentistry.

The factors involved in producing an adequate supply of dental manpower will vary with the individual country and programmes should be developed within the professional, legal, economic, political, social and educational practices and traditions of a given country.

There are, however, some principles which apply generally and these are set forth by the Federation Dentaire Internationale for such guidance as they may provide to the dental profession and other interested groups and agencies in the various countries.

A thorough knowledge of the size and nature of the dental health problem is an essential preliminary in developing a programme of dental manpower.

Objective of Programme. The primary objective of a dental manpower programme should be to provide as promptly as national resources permit, a legally and educationally qualified work force to provide adequate dental health care for all.

Design of Programme. The programme should be designed on the basis of well-defined goals. It should identify the steps that are to be taken to meet those goals and establish a schedule or time limit for their achievement. It should also provide for periodic review and evaluation of progress that has been made in order to provide an opportunity for adjustment to meet changing conditions and goals.

Status of National Population. The dental manpower programme must be based on a good knowledge of the status of the national population. Among the factors which will enter into consideration are: (1) the total population and its growth rate; (2) the age and sex distributions of the population; (3) the urban and rural populations; (4) the per capita and family income; (5) the educational levels of the population; (6) the incidence and prevalence of dental diseases on a national and regional basis.

Position of Dental Profession. When the characteristics of the national population have been identified, the current position of the dental profession must be evaluated. Among the factors which will enter into consideration in this area are: (1) the census of dental personnel; (2) the distribution of dentists by age and sex; (3) the distribution of dentists by geographical location; (4) the distribution of dentists by educational qualification; (5) the distribution of dental personnel by income and other factors; (6) the present status of organization of the dental profession at national and local levels.

Dentist-Population Ratio. When the characteristics of both the national and dental practitioner populations have been identified, they can be related by the establishment of a ratio of dentists to population. This relation or ratio will vary widely between the various countries and will even vary between different sections of the same country. The ratio will also vary with social, economic and educational characteristics of the country.

While it is emphasized that there is no optimal ratio of dentists to population except in terms of an individual country, it is recommended that each country should strive to meet a predetermined ratio as an initial minimum standard. The ratio of dental practitioners to medical practitioners may also provide a useful index in establishing dental manpower goals. When the target ratio has been determined, planning can then proceed to the other important factors that are involved in meeting manpower goals.

Educational Facilities. The achievement of dental manpower goals will depend in major part on the availability of educational facilities. Because of the length of time needed to educate a professionally qualified dentist and because of the time needed to construct, equip and staff educational facilities, planning should involve projections for a period of eight to ten years. In planning to develop educational facilities, consideration must be given to such factors as (1) the availability of qualified teaching personnel; (2) the training of teachers and research workers; (3) the availability of laboratory and clinical equipment.

Recruitment of Personnel. The availability of educational facilities must be matched with a programme to provide a sufficient supply of well qualified students. Such a programme should be designed not merely to provide an adequate number of students but also to ensure that the students are mentally and physically equipped for the practice of dentistry. Factors which bear on the recruitment of a sufficient number of well qualified students are: (1) the professional and social status of dental practitioners in the country; (2) the economic factors related to dental practice; (3) the establishment of a continuing recruitment programme to interest well qualified young men and women in dentistry as a career; (4) the screening of prospective students by educational measurement techniques such as the aptitude test; (5) the availability of scholarship and loan funds for qualified students.

Dental Health Education. A dental manpower programme must be accompanied by a sustained programme of educating the population, including Government, to the value of dental health. Public appreciation of the value of dental health has a direct influence on the number of dental practitioners which can be gainfully utilized and recruited in a given country. Dental treatment of the younger age groups is itself a powerful educational factor.

Productivity of Dentists. The manpower programme must give consideration to the fact that the capacity of the individual dentist to render dental health

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service can be influenced directly in a number of ways: (1) by improvement in dental equipment and technology; (2) by the use of dental auxiliaries. The age of the dentist and the maintenance of his health through his active career is also an important factor in the productivity of the dentist.

In countries having little or no professionally qualified dental personnel, it may be found practicable to develop a first-stage auxiliary to provide emergency or elemental dental treatment in areas where such services are not now available.

Such a programme, however, should be established only on a short-term basis to meet urgent and critical needs and should be planned formally as the first stage of a programme to train professionally qualified personnel for the country. Provision should also be made for the further training of this initial type of auxiliary so that eventually the profession may phase out this auxiliary in favour of the professionally qualified dentist.

In more developed countries, consideration may be given to the development of qualified auxiliaries who work under the direct supervision or prescription of the dentist and assist him in increasing the amount of dental care which can be rendered to the population. Such auxiliaries are established in many countries at the present time.

In the development of any type of auxiliary, consideration must be given to (1) the legal status of the dental auxiliary; (2) the clear definition of the duties of the auxiliary; (3) the supervision and control of the auxiliary by the professionally qualified dentist in the duties assigned; (4) the establishment of safeguards to prevent the auxiliary from engaging in illegal dental practice with resultant injury to the public health; (5) the placement of the final responsibility for the health of the patient in the hands of the professionally qualified dentist.

Health of the Dentist. Because of the special factors involved in the practice of dentistry, the maintenance of the dentist's health by proper working conditions and hours is important in keeping the manpower force at the highest level of effectiveness.

Other Factors. Other factors which are of importance in the development of a manpower programme are: (1) the distribution of dentists in a given country to ensure the availability of dental health care for both rural and urban populations; (2) the provision of various aids, such as insurance or subsidy, to assist the patient in paying for needed dental health care; (3) the role of the dental public health services in either providing treatment services directly to such population groups as infants and school children or in providing educational and preventive service such as the use of fluoridation and topical application of fluoride in the prevention and control of dental caries; (4) the development of research facilities and research workers so that increasing information becomes available not only on the epidemiology of dental

disease and its prevention and control, but also on the dental manpower needed to treat these diseases and to maintain the dental health of the patient at the optimal level.

Conclusion. It would be a mistake to take for granted that the solution of the dental manpower problem in any country can be reached easily or in a short time. The development and implementation of a manpower programme are difficult, time consuming and costly. Unless such a programme is undertaken with a real desire to reach target objectives, no country can assure itself of eventually reaching higher levels of dental health and thus higher levels of total health and well-being for all of its citizens.

Delegates: Harvey W. Reid
James P. Coupland
Don W. Gullett

Appendix C

A STUDY OF C.D.A. — SECTIONS RELATIONS

This study was initiated by the Executive Council to comply with a directive passed at the Board of Governors meeting — Vancouver 1962. (Transactions 1962:27)

The four recognized sections, dates of recognition, number of members in 1962, the number certified in each specialty and the attendance at annual meetings are appended hereto.

ORGANIZATIONAL STRUCTURE

The Constitutions of the Section have been published as follows:

Orthodontics	— C.D.A. Transactions 1951:145; 1961:108
Oral Surgery	— C.D.A. Transactions 1954:154
Periodontics	— C.D.A. Transactions 1958: 46
Dentistry for Children	— C.D.A. Transactions 1962: 10

The chief difference noted relates to eligibility for membership. The Orthodontic and Oral Surgery sections require specialist status and are more restrictive than the other sections.

According to by-laws, secretaries of three sections are elected annually and one section has no specified term of office for its secretary but emphasizes that permanence shall be the aim. In actual practice, only one section has elected a new secretary each year at recent meetings.

NUMERICAL STRENGTH — PARTICIPATION ANNUAL CONVENTION

This report shows that all sections have a high percentage of available specialists on their membership rolls. Available figures on the attendance at

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the annual meetings are less favourable. There is evidence that better co-ordination is possible between the sections and the C.D.A. convention committees.

RECOMMENDATIONS

1. That an officer or representative of each section meet at least once a year with the Executive Council or its representatives.
2. That no changes be made in Article XI C.D.A. by-laws including Section 2(e).
3. That, where necessary, the section constitution be revised to provide for a five year term for the secretary of the Section.
4. That, in future, the C.D.A. convention chairman and an appointee from each section co-operate in the development of an interlocking program for the annual convention. Each section should have representation on the convention committee. A specimen interlocking convention program is appended.

EXPLANATORY NOTES

General Sessions — Topics and speakers would be of such a general nature that all registrants including members of the sections would (or should) want to attend. Emphasis would be on the fundamental and philosophical concerns of the dental profession rather than on techniques.

Clinical Sessions — These would present the more traditional subjects of techniques. Several presentations could be scheduled simultaneously. The sections could be expected to sponsor at least one session each. Sponsorship would mean the selection of the speaker and chairman for that session but allocation of space and remuneration of the essayist would be the responsibility of the convention committee.

Closed sessions

- attendance to be limited to section members
- provision of space to be the responsibility of the convention committee in consultation with the sections
- all other arrangements and expenses (speakers, special equipment, entertainment, publicity) to be the responsibility of the sections.

Section Designations — In specimen program sections are numbered:

- Orthodontic Section I
- Oral Surgery Section II
- Periodontic Section III
- Dentistry for Children Section IV

Name of Section	Year Recognition Granted	No. Members 1962	No. Certified Specialists	Attendance at Annual Meetings of Sections
Orthodontic	1950	106	127	1962 — 26 1961 — 18 1960 — 20
Oral Surgery	1954	Honorary Members — 3 Active Members — 38	59	1962 — 10 1961 — 10 1960 — 14
Periodontic	1958	Active Members — 30 Associate Members — 28	24	1962 — 24 1961 — 28 1960 — 15
Dentistry For Children	1956	Honorary — 3 Ontario Chapter — 139 Alberta Chapter — 51	17	1960-62 approximately 125-150 at each meeting

SPECIMEN INTERLOCKING CONVENTION PROGRAM

MONDAY

TUESDAY

WEDNESDAY

9:00-10:00 a.m.	<i>General Session</i> "Opening Exercises" Room — A <i>Clinical Session</i> "Restorative Procedures" (Sections III & IV attending)	<i>General Session</i> "Practice Management" Room — A <i>Clinical Session</i> "Restorative Procedures" (Sections III & IV attending)	<i>General Session</i> "Dental Fee Schedules" Room — A <i>Clinical Session</i> "Restorative Procedures" (Sections III & IV attending)
10:30-11:30 a.m.	Room — B Closed Session — Sect. I Room — C Closed Session — Sect. II	Room — B <i>Clinical Session</i> "Surgical Orthodontics" (Sect. I & II attending)	Room — B <i>Clinical Session</i> "Post Operative Surgical Care" (Sect. II, III & IV attending) Room — C — <i>Clinical Session</i> "Tooth Movement" (Sect. I & IV attending) Luncheon Recess
12 noon-2:00 p.m.	Luncheon Recess	Luncheon Recess	<i>General Session</i> "Insurance for the Dentist"
2:30- 3:30 p.m.	<i>General Session</i> "Nat'l. Health Services" Room — A <i>Clinical Session</i> "Dental Materials" (Sect. I, III & IV attending)	<i>General Session</i> "Grieve Memorial Lecture" Room — A <i>Clinical Session</i> "Cleft Palate Prostheses" (Sect. I, II & IV attending)	Room — A <i>Clinical Session</i> "Administration of Drugs" (Sect. II & III attending)
4:00- 5:00 p.m.	Room — B <i>Clinical Session</i> "General Anaesthesia" (Sect. II attending)	Room — B Closed Session — Sect. III	Room — B Closed Session — Sect. IV
			Room — C

CDA INSURANCE PLANS
ELEVENTH ANNUAL REPORT

Although this is the eleventh such report to be made, midsummer 1962 marked the 10th anniversary of the first contract which was issued. There have been many changes and additions to the plans and contracts since commencement in 1952, and in compliance with the Executive Council resolution made at the 1962 Annual Meeting of the Canadian Dental Association, work has been proceeding on the preparation of a report on these 10 years of operation.

At the same Annual Meeting, the Board of Governors called for an overall report to be obtained from independent experts. I was approached by Mr. Cooke of The Wyatt Company who had been authorized by Dr. Gullett to make the investigation, and as well as giving him a resume of the C.D.A. recommended plans, with rates, literature and contracts, I have supplied the answers to the many questions he raised. I trust that his report will re-affirm that our facilities are most advantageous to your members.

The year 1962 again saw changes and additions to our plans and, in keeping with previous years, I will say a few words under each of the headings by which we have become accustomed to identify the various plans and contracts.

C.D.A. Pension-Assurance Plan

This section embraces all life, guaranteed pension-assurance, and the individual non-cancellable sickness and accident income protection contract. The year was more or less what has come to be a normal one by the measure of new business, but as announced in the November issue of the C.D.A. Journal, a new name entered the picture as underwriters of the life and pension-assurance contracts.

Until September 30th 1962, the underwriters were the Beacon Insurance Co. Ltd., but from October 1st 1962, all new policies are to be issued by and in the name of The London Assurance. A few words of explanation might well be in order, but it will to all intents and purposes be a repeat of the Journal announcement. The Beacon and The London Assurance are members of the same group of insurance companies, with The London Assurance being the parent company. When The London Assurance decided to write life assurance in Canada in its own name, the Beacon had to stop because Canadian law permits only one member of the same group to write new life business.

The London Assurance is both well established and highly regarded. It was incorporated by Royal Charter in 1720 and has been writing life assur-

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ance for 240 years, and is a world-wide organization. The London Assurance is widely known in Canada where it has operated since 1862. The earlier policies which were issued by the Beacon are unaffected. They remain a Beacon responsibility, and the assets in respect of such policies will remain in Canada under the same supervision of the Department of Insurance.

The changeover has resulted in some minor procedural changes and rate revisions, which if anything, have been to the further advantage of participants.

The individual non-cancellable sickness and accident contract has not changed since January 1962, and the substantial improvements which were made at that time were documented fully in my last report.

C.D.A. Hospitalization Groups

Participation in these groups continues to hold at a steady level. There were no changes of any consequences with the exception of the notification by Physicians' Services Incorporated in Ontario of a general increase in their premium rates to be effective from January 1st 1963, in view of a general rise in the claims ratio they were experiencing. The increase ranged from 24¢ a month for a single person to 74¢ a month for a married person with spouse and dependent children. As far as we could ascertain, this was accepted by participants as a necessary adjustment, and there were some minor improvements in the contract to set against this increase.

I reported last year that several members, principally from Ontario, had suggested that there was a need for a Major Medical, or Extended Health Care Plan, but that I was not very confident that initial participation would reach the level required. Most insurers would have required something like 75% to apply before issuing group coverage on a non-selective basis, and Blue Cross indicated that they would want at least 1,000 participants from Ontario. As the result of subsequent discussions I was able to persuade Blue Cross to accept a much lower initial requirement figure, in the belief that enrolment would subsequently soon increase to their desired level. On this basis, in May last, we distributed literature and requested applications from the Ontario membership, and just short of 400 applied. Some further information and remarks are made about this Extended Health Care Plan under a separate heading later.

C.D.A. Retirement Savings Plan

The usual difficulty presents itself in reporting at this time of year, as our plan year does not end until February 28th 1963, and the two months, and particularly the last month, prior to that date are always the busiest for new applications and deposits. We can look at indications which show at this time, and both deposits and new applications are again ahead of the previous

year at this stage. During the year, interest and requests for information have never been greater.

There was a substantial drop in common stock prices during the first half of 1962, as evidenced by the unit values declared at May 31st and August 31st, which were \$13.717 and \$13.684 respectively, down about \$1.50 from the February 28, 1962 figure. Most of this had been recovered by November 30th when the value was \$14.872, and indications are that the February 1963 value will be at least as high as the year before. The bond fund units have advanced at a rate of approximately 5% per annum so far during this plan year, which is a little less than for the same period last year. Including the deposits which we anticipate having for investment at March 1st 1963, the total assets in the plan should pass the \$2,000,000 mark.

C.D.A. Office Overhead Expense Group Plan

At the time of making my last report, we were in the middle of the non-selective enrolment period, and I estimated that participation would pass the 1,900 mark. In actual fact we went just past the 2,000 mark at the peak, and are probably just under that figure now in view of deaths, retirements and other causes. One of the 'other causes' is the fact that another company is offering a contract, which, for younger men, costs a little less than ours, but of course, the underwriter is free to accept the healthy lives and reject or rider the impaired ones. Nevertheless this situation is of concern to me, and has been the subject of several discussions with our underwriters.

I rarely deem it advisable or desirable to refer to possible improvements before I am fairly certain that they will be implemented, but in this instance, I feel I should, if only to let you know that we are fully aware of the position, and that we are endeavouring to do something about it. Statistics are being run off as at December 31st 1962, and in the light of these, an investigation will be made as to the possibility of reducing the rate of \$20 per \$100 for our initial age category, or it may be that we will split the present initial age category into two, giving a lower rate for the younger ages.

Extended Health Care Group Plan

I made some introductory comments on this plan under the heading of hospitalization groups. As mentioned there, initial response was just under 400, and with these, the plan was implemented at July 1st 1962. A further solicitation was made towards the end of the year in respect of the January 1st group opening, and the expected increased participation was secured. There are now just over 1,000 Ontario members participating in this plan.

The coverage itself is designed to provide protection against those expenses in the medical field which are not covered under the basic hospitalization and medical-surgical contracts. The insuring principle is that after a deductible of \$50, 80% of all eligible expenses incurred in any 12-month

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period will be paid for under the plan. Examples of 'eligible expenses' are prescription drugs, private nursing care, charges made by surgical specialists and anaesthetists in excess of Ontario Medical Association scale, the difference between semi-private accommodation and private accommodation when occupied, ambulance services. The cost is \$12.00 a year for single persons and \$28 for a family.

This plan is operating only in Ontario at the present time but we have in mind the possibility of extending it to other areas where it appears that circumstances and demand warrant.

C.D.A. Group Sickness & Accident Disability Income

This is a class of disability insurance which I have always regarded, and recommended, as being complementary to our individual non-cancellable contract. For as long as I have been associated with the administration office, I have studied the various plans available, and particularly those which dental groups across the country had made available to their members. Some of these plans have been particularly poor, and several had apparently never reached the level of participation required for non-selectivity, which should be the primary object from an association's or society's standpoint.

It has seemed to me a high calibre, uniform nationally recommended plan with a high level of participation could only be of benefit to all members, yet the obvious stumbling block to such implementation, the existence of these smaller group plans, has presented itself most forcibly. After several meetings and discussions with Dr. Gullett and Drs. Anderson and Lowery, I think we decided upon the correct and proper initial course of action, which I will outline later.

In keeping with the guiding principle of our administration office, namely, the provision of the most advantageous plans and contracts, steps were taken to ascertain the widest and most comprehensive protection which could be secured on a basic group plan. By that I mean the best terms for ALL members up to some age ceiling, not just optional extensions of an inferior basic plan made available only to those who could qualify on medical and very limited age grounds.

To compress a long series of meetings, consultations and investigations touching most sickness and accident companies, into a single sentence, a plan was selected early last year, one or two improvements made, the result offering terms which were unthought of a few years ago, and today made available only by Mutual of Omaha, the underwriters of our other sickness and accident plans.

It would not be practicable even to outline here every aspect of the contract, but I would like to mention what I consider the most important

points to be looked for in any such group plan, and show to what extent and in what light the new plan meets these qualifications.

1. *The relationship between benefit entitlement and the inability to practise one's profession.* The new plan defines total disability, or total loss of time, as the inability to perform one's occupational duties, and this is the governing requirement, not for some limited period of time, but for the full extent of the benefit periods.
2. *The benefit periods:* The new plan will pay from the first day of disability due to accident and for life. It will pay from the eighth day of disability due to sickness (or 1st day of hospitalization if sooner) and for up to ten years, and I would like to repeat, in the light of these benefit periods, that the only requirement for benefit entitlement is the inability to perform the duties of one's occupation.
3. *Who can obtain this protection?* Where provincial or other groups decide to add their endorsement to that of the Canadian Dental Association, the only requirements for their members to secure this protection is that they are under 69 years of age, are in full time practice, and when 51% of such groups apply, the medically impaired will be accepted also.
4. *What are the chances of securing non-selectivity?* As I have just mentioned, the requirement is 51% of any group, and Mutual of Omaha and my office will, I know, spare no effort to achieve and surpass this necessary level, and to keep the group at a 'healthy' level. This has been demonstrated to us quite adequately by our experience with the Office Overhead Expense Group Plan.

Leaving aside any frills and certain aspects which are common to all group plans, these four points alone illustrate a combination of considerably more desirable features than are associated with any other group plan in existence for dentists — at least to the best of my knowledge and belief and I have seen most if not all of them.

I earlier made reference to an initial course of action in presenting this plan, and I would like to say a few additional words on this point. The Canadian Dental Association, through its Trustees of the C.D.A. Plans, has accepted and is recommending this plan as the official C.D.A. group sickness and accident disability income plan. We now propose to submit it to the provincial corporate members, seeking their added support. Where applicable, such support may mean the withdrawal of endorsement of some other plan. In most cases this is all that would be required for the members in such provinces to be approached to enrol in the plan. Where any provincial body feels it must approach other groups within their province and get their approval first, or where it does not wish to lend its endorsement, then we would be prepared to approach such groups concerned and give them all and any information they desired.

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The Alberta Dental Association, after duplicating all the investigations which I had earlier made, has already adopted the plan with the full support of the dental societies in Edmonton and Calgary. Enrolment will commence in February. The College of Dental Surgeons of Quebec has adopted what is virtually the same plan, but at the moment this is not under the administration of my office.

It is hoped that other provinces and/or groups will follow suit when the plan is presented to them, and that in the not too distant future there will be a uniform coverage of the highest quality available to dentists anywhere in Canada.

The additions that have been made over the past two or three years have given to the C.D.A. recommended plans, a scope and comprehensiveness of coverage which I very much doubt are enjoyed by any other body of professional men anywhere. In each and every aspect of such facilities are to be found advantages which could not otherwise be secured by the membership, and I fully expect that the impartial investigation and report which has just been made will fully bear this out.

<i>Statistics</i>	<i>Change from 1961</i>		
Contracts in force—C.D.A. Pension-Assurance Plan \$	1,302	+	2.3%
Members — C.D.A. Hospitalization Groups	2,399	+	0.3%
Members — C.D.A. Retirement Savings Plan	555	+	13.7%
Members — C.D.A. Office Overhead Expense Group	1,997	+	50.3%
Members — C.D.A. Extended Health Care Plan	1,021		New

Premiums and Deposits received for 1962:

C.D.A. Pension-Assurance Plan	\$ 308,000	—	1.4%
C.D.A. Hospitalization Groups	201,847	+	0.2%
C.D.A. Retirement Savings Plan	581,294	+	23.0%
C.D.A. Office Overhead Expense Group	143,605	+	49.7%
C.D.A. Extended Health Care Plan (for the 392 members enrolled at July 1st 1962)	5,097		New
Total	<u>\$1,239,843</u>	+	14.5%

C.D.A. Retirement Savings Plan Information:

	Government Bond @ March 1st		Corporate Bond @ March 1st		Common Stock @ March 1st	
	1962	1963	1962	1963	1962	1963
Unit Values	\$11.495	\$12.088	\$12.132	\$12.779	\$15.274	\$15.021
Percentage change in Year	+ 5.16%		+ 5.33%		— 1.65%	
Average annual in- crease on Quar- terly deposits (5 years)	+ 5.40%		+ 6.00%		+ 7.00%	

Total Asset Value of Funds at March 1st 1963 \$2,281,845
 Increase in Total Asset Value in Year + 38.31%

I should again like to close by recording my thanks and appreciation to Dr. Gullett and his staff, to the Trustees, Drs. Anderson and Lowery, and to the growing number of enthusiastic and interested members across the country.

Respectfully submitted
 J. T. Staddon

Appendix E

DENTAL PROFESSION PENSION INSURANCE PLAN OF THE CANADIAN DENTAL ASSOCIATION

(The C.D.A. Plan)

Following the completion of ten years of operation of the C.D.A. Plan, the Association and the Trustees requested The Wyatt Company to examine and analyze the Plan within the following terms of reference adopted by the Association:

1. To examine and report on the operation of the Plan;
2. To report on the premiums and benefits of the existing contract in relation to what members of the Association otherwise could obtain;
3. In general, to report on the position of the Association in the insurance market.

The following are the general conclusions included in the Report of The Wyatt Company:

"Since its organization in 1952, the Canadian Dental Association Plan has been extended substantially to the point where it provides broad coverages against the hazards of accident, sickness and death. It is evident to us that the Administrator continues to remain abreast of all developments in the insurance markets and is continually seeking ways

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and means of expansion and development of the C.D.A. Plans to meet changing conditions in the overall needs of the members consistent with the initial objective of providing coverages at lower cost than can be obtained by the public in the general insurance market.

"In support of the comments in the preceding paragraph, it is interesting to note that in the January 26, 1963 issue of *Business Week* is an editorial under the heading, "Personal Business" describing "Insurance to Hedge Against Your Loss of Income" and "Policies to Keep Office Open". The editorial describes coverages similar to the individual non-cancellable guaranteed renewable policy coverages and the office overhead expense group plan of the Canadian Dental Association. The implication is that these are relatively new. The Association is to be commended on the fact that these coverages have been well established for the benefit of the members for some time.

"The present underwriters of the coverages provided under the C.D.A. Plan are well established and sound. The present underwriter of the C.D.A. Pension Assurance Plans, The London Assurance, in addition to its deposit of \$200,000.00 with the Department of Insurance in Ottawa has a backing for its Canadian life insurance policies of the substantial assets of the life business of the Company everywhere. The fact that the Beacon Insurance Company Limited indirectly is a wholly-owned subsidiary of The London Assurance, ensures that it will continue to have sound backing for the policies which it will continue to administer. It would appear that even in the event of catastrophic losses that The London Assurance Group will have adequate financial resources to meet their claims.

"The Mutual of Omaha Insurance Company formerly the Mutual Benefit Health & Accident Association is well established and has adequate assets and resources to meet its claims and to carry out its contracts.

"The investment management of the registered retirement savings contributions of the members is conducted by one of the top ranking trust companies in Canada, The Royal Trust Company with adequate assets and facilities to continue the Canadian Dental Association Registered Retirement Savings Plan to the satisfaction of the members and the Association.

"In summary, in our opinion, the Dental Profession Insurance Plan of the Canadian Dental Association is well established, soundly and safely insured, and properly administered."

The Wyatt Company is on record also as stating:

This is an excellent service provided by the Association and it is very beneficial to the membership.

The foregoing is a summary statement prepared by the Wyatt Co. The report itself is of some length and has been referred to the trustees for study.

The report consists of five sections: Section 1 summarizes the agreement of Trust (1952) between the Association and Professional Industrial Pensions Limited. Section II summarizes the history and development of the C.D.A. Plan. Section III gives summary of benefits now available to members of the Association. Section IV comments on present benefits and rates with comparisons to competitive offerings. Section V gives conclusions which are essentially the same as contained in the above statement.

For information purposes the following pertinent paragraphs are presented from Section IV of the report. (The indicated deletions are references to tables which appear in the original report.)

"The London Assurance for policies to be issued on and after October 1, 1962 developed a new scale of premium rates for the benefits similar to those that were offered by The Beacon Insurance Company Limited prior to October 1, 1962. In certain instances these premium rates are slightly higher and in other cases lower than the premium rates of the Beacon. A comparison of The London Assurance rates was made with the non-participating premium rates of 21 Canadian Life Insurance Companies, the North American Life and Casualty, the Occidental and the Travelers of the United States Companies that offer non-participating insurance, and the Holland Life, the London and Scottish, the Prudential of England and the Royal Assurance. This survey was prepared by Mr. Staddon and confirmed by us . . . The rates of most companies are higher than The London Assurance. The premiums of other companies apply to ages nearest birthday. On the average age nearest birthday is age last birthday plus one-half so that on the average there is this additional competitive margin in The London Assurance rates. . . .

"Regular The London Assurance rates include a policy charge of \$9.00 per \$1,000.00 and no reduction in rates by size of policy. The special C.D.A. rates do not require the policy charge and reduce per \$1,000.00 for policies of \$20,000.00 or more.

"Cash surrender values differ from company to company and do not necessarily follow the premium rate differences of the companies. An examination of such cash surrender values on non-participating policies as are available indicate that the cash surrender values offered by The London Assurance on the Canadian Dental Association Plans are competitive.

"However, as will be seen from the comparisons in this Section, there are certain plans and ages of certain companies, relatively few, where there are competitive rates that are slightly better than the Canadian Dental Association rates. Furthermore, some of the companies specializing in participating insurance, on the basis of their present dividend scales, do produce illustrations that would indicate, provided such current dividend scales are continued,

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a net cost over the years somewhat lower than the Canadian Dental Association non-participating costs. Nevertheless, with the steady increase over the past few years in rates of net interest earned on the assets of the companies doing life insurance business in Canada and the anticipated increases for the foreseeable future it is quite possible that dividend scales may be improved. If so, illustrations will be based on current dividend scales from time to time which, while not producing a guaranteed future cost as is the case with the non-participating plan, would appear very attractive in some circumstances in comparison even with the non-participating rates of the Canadian Dental Association Plan. . . .

"The policy available to dental students may be obtained without evidence of insurability up to \$10,000.00 for members of any class if 75% of those eligible in the class purchase the coverage. Additional coverage, subject to evidence of insurability is available up to a total of \$25,000.00 on any one life. The Plan is Term Assurance for 5 years convertible within the 5 year period to a permanent plan of insurance without further evidence of insurability. In the circumstances the premium rate per \$1,000 of insurance, \$3.50 per year (including the cost of the waiver-of-premium benefit in the event of Total Disability) and 40¢ as an offset to the first year premium under the converted policy, appears to be competitive. (This premium has been reduced from \$3.50 to \$3.00 since this study was made.)

"The options available at the election of the assured during his lifetime or to his beneficiary in the event of his death, permit the payment of the death benefits in instalments of fixed amounts or as a life income with guaranteed periods, or permit the proceeds of the death claim to be left on deposit at interest. All settlement options are based on an interest rate assumption of 2½ % per annum compounded yearly. In the light of current investment conditions and those anticipated by many life insurance company treasurers for many years ahead, an interest rate of 2½ % is highly conservative. Furthermore, many companies have included in their policies a provision for payment of excess interest earnings over and above the minimum guaranteed rate. We understand that this point was raised at one stage by Mr. Staddon. However, The London Assurance contracts were issued without provision for payment of excess interest.

"The Beacon Insurance Company Limited Pension Assurance contract was issued in the form of an endowment at the pension age with a lump sum payable as an endowment or alternatively converted on the option of the insured to provide a life income with payments guaranteed for a minimum period of 120 months. In the absence of any election by the life insured the life income option will be applicable. The basis of conversion to a life income has been established on the assumption of very conservative rates of mortality and interest. It is quite likely that for some time to come current immediate annuity rates available on the open market or through The London Assurance will produce more favourable pension incomes than those guaranteed in the

contract. At least one insurance company currently automatically converts its cash options at retirement age into pensions at 97½ % of the immediate annuity rates of the company then current. The reduced rate reflects the fact they will not pay commissions on the amount of the premium arising from the cash option.

“Offerings comparable to those of the Mutual Benefit Health & Accident Association by other companies have been very limited, and the many differences in contract provisions make direct comparisons of premium rates invalid. The general comparisons that are available indicate that the members of the Canadian Dental Association are receiving very good value for the premiums they are paying on the various coverages being offered by Mutual Benefit.

“The charges being made by The Royal Trust Company for investment management of the Registered Retirement Savings Plan assets are as low as any competitor in the market today. There are no “front end” loadings involved as there are in certain plans offered by other organizations. On the other hand, the purchase of annuities for participants at retirement may be slightly more expensive than those that might be obtained by arrangements with a single insurer, e.g. it might be possible to arrange purchases at, say, 97½ % of current immediate annuity rates and to combine this with a maximum premium rate guarantee. This, we understand, was considered at one stage by Canadian Dental Association but rejected.

“The premium rates of Physicians’ Services Incorporated were increased substantially at January 1, 1963. Some benefit adjustments were made at that time.”

In the opinion of the trustees this report is praiseworthy in support of the C.D.A. Plan. The Wyatt Co. in the above summary statement states that the plan is well established, soundly and safely insured and properly administered and that ‘This is an excellent service provided by the Association and it is very beneficial to the membership’. Certain suggestions are made in the report that issuance of participating policies and interest rates be considered. These matters are under study by the trustees.

COMMENT AND ACTION

1. Information.
2. Information. We concur in the commendation of this committee.
3. (a) Noted.
 (b) Information.
 (c) Noted with appreciation.
 (d)(e) Information.

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4. Noted.
- 5-13. Information.
14. Approved.
15. Information.
16. Information. It is agreed that the principle as outlined be followed.
17. Agreed.
18. Approved. We wish to commend the authors of the comprehensive report contained in Appendix B.
19. Noted.
20. Information. See report of the Council on Constitution and By-laws.
21. Noted.
22.
 1. Information.
 2. Approved.
 3. Information.
 4. Approved.
 - 5-8. Information.
 9. Noted. We approve of these pilot study programs and would suggest that the results of those studies be discussed by the Auxiliary Services Committee.
 10. Noted.
 11. Information.
23. Approved.
24. (a) (b) Approved.
(c)-(f) Agreed.
25. Noted with satisfaction.
- 26-29. Agreed.
30. Approved.
31. Noted.
32. Agreed.
- 33-34. Approved.
35. Agreed.
36. Approved.

- 37. Approved with satisfaction.
- 38-39. Noted with approval.
- 40-42. Approved.
- 43. Information.
- 44. Information. This board welcomes the opportunity to display these fine exhibits.

We recommend the adoption of the report of the Executive Council.

APPROVED

REPORT

1. It is with great pleasure that the Board of Trustees of The Canadian Fund for Dental Education presents its first report to the Board of Governors of the Canadian Dental Association.

Development

2. You will be aware that the subject of the establishment of the non-profit Canadian Fund to assist the development of dental education in Canada has been under consideration for some time. References to this subject appear in Minutes of the Council on Education of the Canadian Dental Association starting in 1960; Minutes of the Executive Council 1962, and Transactions of 1962. In 1961, Toronto representatives of the dental supply industry started discussions with the secretary of the Canadian Dental Association concerning the establishment of a Canadian Fund.

3. A similar and extremely valuable Fund for Dental Education was established in the United States in 1958. Names of those who were active in organizing that Fund include leaders in the American Dental Association, the American Association of Dental Schools, (of which the Canadian Schools are members), the specialty colleges, and the affiliated organizations of dentistry.

4. From the outset, it was the clear intent of those considering the creation of a Canadian Fund that there should be no conflict in interests between the Fund for Dental Education, established in the United States, and any parallel organization developed in Canada. Tax consideration strongly influenced the decision to establish a Canadian Fund.

5. Subsequent to careful consideration by the Board of Governors of the Canadian Dental Association at its last Annual Meeting, the Executive Council initiated action to bring about the establishment of the Canadian Fund. Dr. J. D. McLean of Halifax was asked to be chairman of the Board of Trustees, and other members of the Board were selected with due consideration of regional representation. In addition, it was felt desirable to have a representative from the American Dental Trade Association, Canadian Section, on the Board, because of the excellent leadership and interest which that organization had shown in the establishment of the Fund.

6. *Trustees*

The following is the composition of the Board of Trustees:

Mr. M. E. Bower, Toronto	Trustee
Dr. Louis P. Lepine, Montreal	Trustee
Dr. Wesley P. Munsie, Vancouver	Trustee
Dr. Harvey W. Reid, Toronto	Trustee
Dr. James D. McLean, Halifax	Chairman

7. *Meeting*

The first meeting of the Board of Trustees of the Canadian Fund for Dental Education was held at the headquarters of the Canadian Dental Association, 234 St. George Street, Toronto, on Friday, November 30th, 1962. All trustees were in attendance. In addition, Dr. D. W. Gullett, Secretary of the Canadian Dental Association, F. H. Compton, Editor of the Canadian Dental Association, and Mr. Ken L. Croft, Deputy Secretary of the Canadian Dental Association, were present.

8. *Secretary*

The first order of business was the appointment of a secretary for the Board. Mr. Ken L. Croft kindly agreed to act in this capacity, and the Trustees unanimously approved his appointment.

9. The historical background leading to the development of the Fund was next reviewed briefly, following which Dr. Gullett presented a cheque in the amount of \$5,000 representing a grant from the Canadian Dental Association. Mr. Bower reported that approximately \$10,000 had been pledged by representatives of the Canadian Section of the American Dental Trade Association, and that a cheque would be forthcoming immediately following the meeting.

10. *Trust Deed*

The Trust Deed was prepared by Mr. Gordon Watson, solicitor for the Canadian Dental Association, in harmony with the terms of reference which had been approved by the Board of Governors of the Canadian Dental Association. Appended hereto as Appendix A is a copy of the Trust Deed and a letter granting approval as a charitable trust for taxation purposes.

11. *By-Laws*

A prepared draft of by-laws for the Fund was reviewed in detail. It was the intention that the by-laws should be as broad and general as possible, and that amendments should be made in the light of subsequent experience. The by-laws have now been approved and are attached as Appendix B to this report.

12. *Vice-Chairman*

Mr. M. E. Bower was elected Vice-Chairman by the members of the Board.

Banking

13. An account was authorized to be opened in the name of the Canadian Fund for Dental Education at the Royal Bank of Canada, Spadina and College Street branch in Toronto. That is the bank used by the Canadian Dental Association, and it was selected for the convenience of the administrative staff.

FUND FOR DENTAL EDUCATION

14. The same officials who are empowered to sign Canadian Dental Association cheques were then empowered to sign cheques on the account of the Canadian Fund for Dental Education.

15. *Fiscal Year*

It was agreed by resolution that December 31st, 1963 be recognized as the termination of the first fiscal year of the Canadian Fund for Dental Education.

Development of Plans

16. The remainder of the meeting was devoted largely to the consideration of the ways and means to obtain the best possible support for the efforts of the Fund. Various proposals are under consideration. Certain preliminary information about the establishment of the Fund has been prepared and published in the Journal of the Canadian Dental Association, and plans are under way for the formation of a descriptive brochure which will be distributed to the profession at large in the near future. In addition, it is intended that a brochure be prepared for the dental supply industry.

17. It was also agreed that Dr. Reid would seek an appointment in February with the Executive Council of the Canadian Dental Association to discuss the possibilities of the future support, and the trustees wish to express appreciation for the indication to Dr. Reid that additional financial support would be forthcoming.

18. *Contributions*

A number of contributions to the Fund have been received and while a financial statement will not be prepared until after the end of the fiscal year, the attached Appendix C will show the amount of money that has been received to date.

19. *Reports*

Annual reports will be published for the Taxation Department, for the Board of Governors of the Canadian Dental Association and for the interested members of the profession and other groups and individuals. It is intended that the latter will show the names of contributors although not the specific amounts of the contributions.

20. *Stability of the Fund*

It is clear that the Fund must reserve, at the earliest opportunity, a reasonable amount of capital. Financial stability should be established before support is sought from foundations and others not directly associated with the profession. Until a reputation for such stability has been established, through support from those most closely allied to dentistry, it is unlikely that any degree of assistance can be obtained from other individuals and agencies.

21. *Relation to United States Fund*

Following the first Annual Meeting, the chairman had an opportunity to meet with representatives of the Fund for Dental Education in the United States, on an informal basis, to discuss ways and means by which the two groups might work together for the common good of dental education on this continent. A most cordial meeting was held, and it is anticipated that complete cooperation will exist between the two bodies.

22. *Grants*

It was agreed by the Trustees that the amount of money at its disposal for the current year is not now adequate to permit the Fund to make grants before the end of the fiscal year, but it is intended that grants of merit should be made at the earliest opportunity.

23. In conclusion, the Trustees would like to express to the members of the Canadian Dental Association their grateful acknowledgment of the support which the Board of Governors has offered, both in the establishment of this Fund and in the provision of financial support. It is felt that reasonable progress has been made and we trust that benefit will redound not only to the dental profession but to the public of Canada.

Appendix A

COPY OF TRUST DEED

This DEED OF TRUST is made this 22nd day of October, 1962.

BY

J. G. McLEAN, of Halifax, in the Province of Nova Scotia,
HARVEY W. REID, of Toronto, in the Province of Ontario,
M. E. BOWER, of Toronto, in the Province of Ontario,
W. P. MUNSIE, of Vancouver, in the Province of British Columbia,
L. P. LEPINE, of Montreal, in the Province of Quebec,
(hereinafter called "the undersigned Trustees")

WHEREAS the Trustees propose to receive monies or negotiable securities to establish a fund to be known as "the Canadian Fund for Dental Education", which fund is to be applied for the purpose of aiding and assisting dental education in Canada,

AND WHEREAS this indenture is executed for the purpose of declaring and defining the trusts upon which monies or securities will be received, held and applied.

NOW THIS DEED WITNESSES —

1. There shall be established a fund to be known as "the Canadian Fund for Dental Education" (hereinafter called "the Fund").

FUND FOR DENTAL EDUCATION

2. The purposes of the Fund shall be

(a) to constitute a trust, all the property of which shall be held absolutely in trust exclusively for the advancement of education as herein provided; the Trustees of which Fund shall not carry on any business and the assets and the income of which shall not be used to make any expenditures, except in respect of educational activities carried on by the Trustees or gifts to organizations or corporations in Canada, the pertinent income of which is exempt from tax pursuant to the provisions of Section 62 of the Income Tax Act, to the intent that this trust shall be a charitable trust within the meaning of Section 62(1)(g) of the Income Tax Act.

(b) to receive monies or negotiable securities in any form for the purpose of aiding and assisting general education, directly or indirectly, through projects designed to improve dental health by means of teaching and research in co-operation with dental schools and the students thereof.

(c) to assist in the growth, development and advancement of dental education by investigation of problems related to education.

(d) to grant monies for the purpose of assisting in the elevation of qualifications for teaching personnel.

(e) to aid meritorious students in dentistry where deemed necessary by means of loans, such loans preferably constituting a revolving fund without interest.

3. The undersigned Trustees shall be the original trustees and shall act in that capacity until their successors are appointed by the Board of Governors of The Canadian Dental Association.

4. The undersigned Trustees and the survivors or survivor of them and the other trustees or trustee for the time being of this Deed, all of whom are hereinbefore and hereinafter included in the expression "the Trustees", will stand possessed of all monies and securities which may hereinafter be donated to them for the Fund, upon trust to apply all funds, assets and income of the Fund for the advancement of dental education in accordance with the purposes set forth in Paragraph 2.

5. The Fund shall be administered by the Trustees on a non-profit basis. The financial details of the Trust shall be administered by The Canadian Dental Association, in accordance with the instructions of the Trustees.

6. All funds of the trust shall be deposited in such bank or trust company and all securities of the trust shall be deposited in such place of safekeeping as the Trustees shall from time to time designate. All assets of the Fund not currently required to be disbursed shall be kept invested from time to time in such securities as are authorized by law from time to time for the investment of funds of Canadian and British insurance companies.

FUND FOR DENTAL EDUCATION

7. All funds, assets and income of the Fund shall be applied by the Trustees for the purposes designated in Paragraph 2 and not otherwise.
8. The Trustees shall appoint a Secretary of the Fund, who shall hold office during the pleasure of the Trustees.
9. The Trustees will draft such regulations as they shall deem necessary or advisable to facilitate the carrying into effect of the purposes of this Deed.

IN WITNESS WHEREOF the undersigned Trustees have hereunto set their respective hands and seals the day and year first above written.

SIGNED, SEALED and DELIVERED

J. D. McLean
H. W. Reid
M. E. Bower
W. P. Munsie
L. P. Lepine

COPY

DEPARTMENT OF NATIONAL REVENUE — TAXATION DIVISOIN

Miss L. V. Kilmury
LEGAL
31st October, 1962.

Messrs. Smith, Rae, Greer,
Barristers & Solicitors,
50 King Street West,
TORONTO 1, Ontario.

Att'n: Mr. G. D. Watson, Q.C.

Dear Sirs:

Re: Canadian Fund for Dental Education

We wish to acknowledge your letter of the 25th instant enclosing Deed of Trust, dated October 22, 1962, creating the Canadian Fund for Dental Education.

Please be advised that, having examined the purposes of this Trust, we are of the view that they are of a charitable nature. Accordingly, if the Trust operates within the provisions of Section 62(1)(g) of the Income Tax Act, it will be exempt from tax and gifts to it will qualify for exemption pursuant to the provisions of Section 112(4) and as deductions under Section 27(1) of the Act.

As our recognition is based on the Trust being created for charitable purposes only, it will be necessary for the trustees of the Canadian Fund for

FUND FOR DENTAL EDUCATION

Dental Education to file annual returns with the Director — Taxation, MacKenzie Building, 36 Adelaide Street East, Toronto 1, Ontario, in order to determine that the Trust will continue to be a charitable trust since Section 62(1)(g) of the Act lays down certain conditions in order for the Trust to qualify each and every year throughout its existence.

Your very truly,

LVK/LH

for Director, Legal Branch.

Appendix B

BY-LAWS *of the* *CANADIAN FUND FOR DENTAL EDUCATION*

ARTICLE I: Membership

Section 1.

A total of five persons will constitute the Board of Trustees of the Canadian Fund for Dental Education.

Section 2.

Such persons as may be appointed, from time to time by the Board of Governors of the Canadian Dental Association, shall serve as the Board of Trustees of the Canadian Fund for Dental Education.

Section 3.

The Trustees shall continue to serve at the pleasure of the Board of Governors of the Canadian Dental Association.

Section 4.

The Board of Trustees shall make nomination to the Board of Governors of the Canadian Dental Association to fill any vacancy which may occur on the Board of Trustees.

ARTICLE II: Officers and Duties

Section 1.

(a) The Chairman of the Board of Trustees shall be designated by the Board of Governors of CDA from among the membership of the Board of Trustees.

(b) The Vice-Chairman of the Board of Trustees shall be selected by the Board from among its membership.

(c) The Secretary of the Board of Trustees shall be appointed by the Board of Trustees.

Section 2.

(a) The Chairman shall preside at all meetings of the Board, and shall be responsible to the Board for the general conduct and welfare of the Fund. He shall discharge such other duties as may be required of him by these By-Laws and by the Board.

(b) The Vice-Chairman shall have and perform such duties as the Chairman or Board of Trustees shall delegate, and in the absence of the Chairman shall perform the duties of that office.

(c) The Secretary shall be the custodian of all papers and records of the Fund, except those documents assigned to the Secretary of the Canadian Dental Association in accordance with the terms of the Trust Deed. He shall attend to the routine of calling, holding and keeping of records of meetings of Trustees. He shall perform such other duties as may be delegated to him by the Chairman or Board of Trustees.

ARTICLE III: Meetings

Section 1.

All meetings of the Board of Trustees shall be held at the office of the Fund in Toronto, Ontario, or such place within Canada or Continental United States as the Board may designate and provide in a notice of call.

Section 2.

The Annual Meeting of the Board of Trustees shall be held at such time and place as the Board shall determine and include in the notice of call.

Section 3.

Special meetings of the Board of Trustees may be called at any time by the Chairman, or the Board, or upon written demand, stating the specific business to be brought before the meeting, signed by at least two of the Trustees and delivered to the Secretary.

Section 4.

The Secretary shall give notice of the Annual and each special meeting of Trustees by mailing written notice to each Trustee not less than five days prior thereto; provided that all requirements of notice may be waived by written consent. Such notice shall be sent to the address as shown on the books of the Board. Presence at a meeting shall constitute waiver of notice and consent to call of the meeting.

Section 5.

Each Trustee may cast one vote on any question coming before the members of the Board.

FUND FOR DENTAL EDUCATION

Section 6.

A majority of the Trustees shall constitute a quorum.

Section 7.

A resolution in writing signed by a majority of the Board of Trustees following a poll by mail of all members of the Board shall be as effective and binding as if passed at a regularly constituted meeting.

Section 8.

The following order of business shall be observed at all meetings, as far as is practicable:

- (a) Ascertaining whether a quorum is present
- (b) Reading of the Minutes of the previous meeting
- (c) Report of Officers
- (d) Report of Committees
- (e) Unfinished business
- (f) New business
- (g) Appointment of officers and officials

ARTICLE IV: Financial Policy and Administration

Section 1.

The fiscal year of the Fund shall be January 1st through December 31st of each calendar year.

Section 2.

While in office, no Officer or Trustee shall receive any moneys from the Fund except as reimbursement for reasonable and approved expenses incurred on behalf of the Fund.

Section 3.

The Board of Trustees may establish rules and regulations governing the terms of award of any grants under the Trust Fund.

Section 4.

It shall be the responsibility of the Chairman of the Board of Trustees, or in his absence the Vice-Chairman, to transmit to the Secretary of the Canadian Dental Association any instructions regarding receipt, investment and disbursement of all moneys in accordance with the specific decisions of the Trustees in each case.

Section 5.

The Board of Trustees shall review annually the audit of all accounts of the Trust Fund.

ARTICLE V: Annual Reports

The Board of Trustees shall prepare for publication an annual report of the activities of the Fund, containing a financial statement for the fiscal year.

ARTICLE VI: Liquidation

Section 1.

In the event of liquidation and dissolution of the Canadian Fund for Dental Education, any properties, fund or moneys or securities remaining in the treasury of, or the account of, or otherwise belonging to the Fund, shall be used by the Board of Trustees, first to pay any lawful debts of the Fund, and any sums thereafter remaining shall be transmitted to the Board of Governors of the Canadian Dental Association for disbursement by them in accordance with the terms of the Trust Deed.

ARTICLE VII: Rules of Procedure

Section 1.

The rules contained in Robert's Rules of Order shall govern the Board of Trustees in all cases to which they are applicable and when not inconsistent with these by-laws.

ARTICLE VIII: Amendments

Section 1.

These by-laws may be amended by the Board of Trustees in session provided that a copy of the proposed amendments have been mailed to the members of the Board one month in advance of the meeting when such action is proposed. Any such amendment shall require for adoption the affirmative vote of two-thirds of the members of the Board.

Section 2.

The notice of any proposed amendment required by Section 1 may be dispensed with by unanimous vote of the members of the Board of Trustees present at any meeting, but any amendment so introduced shall require for adoption the unanimous vote of the members of the Board present at the meeting at which it is considered.

(April 1963)

Appendix C

CONTRIBUTORS TO CANADIAN FUND FOR DENTAL EDUCATION

Canadian Dental Association
Dental Company of Canada Ltd.

FUND FOR DENTAL EDUCATION

The Amalgamated Dental Co. (Canada) Ltd.
Ash Temple Ltd.
The British Columbia Dental Supply Co.
The L. D. Caulk Co. of Canada Ltd.
Dominion Dental Co. Ltd.
Kerr Dental Company
Maritime Dental Supply Co. Ltd.
National Refining Co. Ltd.
Novocol Chemical Mfg. Co. of Canada Ltd.
Paterson & Paterson Inc.
S. S. White Co. of Canada Ltd.
The Williams Gold Refining Co. of Canada Ltd.
Total: \$15,650

(April 1963)

COMMENT AND ACTION

1. Informative.
2. Commendable.
- 3-4. Informative.
5. The inclusion of a member of the American Dental Trade Association (Canadian section) on the Board of Trustees is commendable.
6. We heartily concur with the selection of the chairman and the members of the Board of Trustees.
7. Informative.
8. We concur.
9. We concur with the action by the Executive Council of the C.D.A. and warmly appreciate the interest and generosity of the contributing members of the American Dental Trade Association (Canadian Section).
10. Noted.
11. Noted and approved.
12. Approved.
13. Agreed.
- 14-15. Approved.
16. Commendable.
17. Noted with approval.

FUND FOR DENTAL EDUCATION

18. Information.
19. Approved.
20. Agreed.
21. Commendable.
22. Approved.
23. **We concur.**

We recommend the adoption of the report.

APPROVED

HEADQUARTERS PROPERTY

MEMBERS: *R. P. Lowery, Chairman, Toronto, Ont.; H. W. Reid, Toronto; G. V. Fisk, Toronto.*

REPORT

1. Because of circumstances over which your committee did not seem to have control, construction of the three-storey addition to the headquarters building has been delayed.
2. Considerable difficulty was encountered over certain local regulations and the past year has been spent finding our faltering way through the municipal maze of departments and committees.
3. To make a long story short, the committee (empowered previously by this Board and in close cooperation with the Executive Council) has accepted the lowest tender which, by the way, was submitted by the same firm which made the original renovations, R. G. Kirby and Sons Limited. Concrete evidence of the committee's activity is now available for your viewing pleasure at 234 St. George.

COMMENT AND ACTION

- 1-2. Information.
3. Approved.

A hearty vote of thanks is extended to Dr. R. P. Lowery, Dr. H. W. Reid and Dr. G. V. Fisk for their very time consuming efforts over the past three years. Their dedicated work has played a large part in advancing the headquarters expansion project to the active construction stage. Their past efforts and their continuing efforts are deeply appreciated by the members of the Association.

We recommend the adoption of the report of the Headquarters Property Committee.

APPROVED

MEMBERS: *A. A. Antoni, Chairman, Toronto, Ont.; A. E. Hoffman, Halifax, N.S.; R. K. Lindsay, Vancouver, B.C.; T. B. Van de Mark, Toronto; R. E. Booker, Kitchener, Ont.; A. S. Brown, Toronto; D. M. Wallace, Agincourt, Ont.; C. H. Moses, Toronto.*

REPORT

1. The committee has held three meetings during the year June 3rd, 1962 to June 3rd, 1963.
2. Increased interest and activity in dental services throughout the country's hospitals continue to place great demands for information and guidance from this committee. Approximately twenty letters were received requesting information and assistance in setting up dental services, or concerning regulations and by-laws to implement and run these services.
3. The committee has continued to negotiate in very amiable terms with the Council on Hospital Accreditation, and as a result, the new edition of the Basic Standards for Hospital Accreditation contains a completely new section pertaining to Dentistry and Dental Staff. This appears to be compatible with all Canadian Dental Association policies. This section appears as Appendix A to this report.
4. The committee recommended that the Canadian Dental Association apply to acquire a seat on the Council on Hospital Accreditation. The Chairman was invited to meet and present the issue to the Executive Council of the Canadian Dental Association. This was done and a motion was passed that the Canadian Dental Association apply for a seat.
5. The committee has studied Bill 44, the Hospital Act, as passed by the Legislative Assembly of Quebec on June 26th, 1962. The Act includes dentistry and the profession appears to have been favourably and sympathetically considered. There should be no problem for dentistry to give of its best potential, operating under this act.
6. In one Ontario hospital, the rights of dentists to prescribe drugs for their patients have been questioned. This is based on Section 35 of Regulation 523 of the Ontario Public Hospital Act, which states that orders for treatment shall be signed by a medical practitioner. If dentists are to continue to employ hospital facilities to treat their patients, then the term medical practitioners is going to have to be considered inclusive enough to encompass all professional hospital staff.
7. The dental services of the Reddy Memorial Hospital, Montreal, and the Royal Victoria Hospital, Montreal, were evaluated and approved by the committee during the year.
8. The Chairman wishes to express his thanks to all the committee members, past and present, and to those, such as Dr. W. Dunn, who helped the committee in its yearly deliberations.

(Taken from the Standards for Accreditation of Canadian Hospitals, Second Edition, January 1963, as issued by the Canadian Council on Hospital Accreditation)

Page 14, Section F, Paragraph 4.

Medical Staff responsibilities for dental patient care (For dental staff responsibilities, see pages 15 and 16)

(a) History and physical examination.

It shall be the responsibility of the medical advisory committee through the chief of surgery, or through the chief of staff if there is no chief of surgery, to assure that the admitting physician or some other qualified physician makes a record of history and physical examination of the dental patient within 24 hours of admission and always before any dental surgery is undertaken.

(b) Medical care in hospital.

The physician designated by the chief of surgery shall be responsible for any medical care required by the dental patient in hospital.

(c) Responsibilities of the chief of surgery.

(i) The chief of surgery shall have overall responsibility for the care of all dental patients in the hospital.

(ii) The chief of surgery shall assure coordination of physicians' and dentists' services for good patient care and proper cooperation between members of the department or service of surgery, and members of the department or service of dentistry.

(iii) The chief of surgery with the chief of dental service shall assure that indicated consultations are arranged, held and properly recorded.

(iv) The chief of surgery with the chief of dental service, or chief oral surgeon if there is one, shall assure proper conformance with hospital regulations for operating room procedures including arrangements for scheduling such procedures.

(v) In hospitals where there is no chief of surgery, the chief of staff shall assume these responsibilities.

(d) Responsibility for general anaesthesia.

General anaesthesia for dental patients shall be arranged by the department of anaesthesia where such a department is organized, or by the chief of dental service making arrangements with physicians having appropriate anaesthetic privileges in the hospital where there is not an organized anaesthesia department. Such arrangement shall include responsibility for general anaesthesia in the outpatient department or service of the hospital.

Paragraph 5.

Relationship of medical and dental staffs of the hospital.

(a) Liaison between the medical staff and the dental staff of the hospital through the chief of surgery and the chief of dentistry shall not preclude liaison among other offices of the respective staffs to stimulate cooperative effort. In certain large fully departmentalized hospitals, the appointment of a medical-dental liaison committee may be advisable.

(b) Members of the active medical staff may attend meetings of the active dental staff and members of the active dental staff may attend meetings of the active medical staff.

(c) When a member of the dental staff has been given notice that a dental case is to be presented at a general or departmental medical staff meeting, the dentist shall attend such meeting prepared to discuss dental aspects of the case in question.

(d) When a member of the medical staff responsible for the medical care of a dental patient in hospital or when a consultant who has examined a dental patient is notified that his presence is desired at a meeting of the dental staff, he shall attend such meeting of the dental staff and be prepared to discuss medical aspects of the case in question.

Pages 15 and 16

DENTAL SERVICE

In hospitals where a dental staff is appointed, the following Standards are applicable and shall be met:

A. Administrative

1. The governing body, on the advice of the medical staff, may appoint one or more dentists to the professional staff of the hospital.

2. Patients admitted for dental care shall be admitted conjointly by a dentist on the active dental staff of the hospital and a physician on the active medical staff of the hospital.

3. Where clinical need exists and dental staff resources permit, a dental service shall be organized.

4. Where clinical need exists and professional resources of the dental staff permit, the dental service shall be departmentalized.

B. Dental Staff Responsibilities

(For medical staff responsibilities and medical dental staff relationships see page 14)

HOSPITAL SERVICES

Where a dental staff is organized, there shall be dental staff by-laws approved by the dental staff, the medical staff and the governing body which conform with the principles of the medical staff by-laws and which delineate specifically:

1. Procedure for appointment of dentists who are qualified legally, professionally and ethically for such appointment, and which shall include:
 - (a) Agreement of the dentist that he will abide by hospital and dental staff policies and conform with medical staff policies as applicable.
 - (b) Define delineation of each dental staff member's hospital privileges according to training, experience and competence.
2. Categories of dental staff membership.

There shall be an active dental staff and there may be other categories of membership as appropriate.
3. Dental staff regulations.

There shall be dental staff regulations to assure fulfillment of dental staff responsibilities, including the holding of consultations and the making of adequate dental records.
4. Dental records.

Dental records shall be adequate to justify the diagnosis made and warrant the treatment given, and shall include:

(a) Identification data.	(g) Reports of consultations.
(b) Physician's record of history and examination.	(h) Reports of operative procedures.
(c) Provisional dental diagnosis.	(i) Report of anaesthesia.
(d) Dental history.	(j) Progress notes.
(e) Dentist's and physician's orders.	(k) Final diagnosis.
(f) Laboratory, x-ray and other reports of special examinations.	(l) Dental case history summary.
5. Officers of the dental staff.
 - (a) There shall be a chief of dental service and other officers as appropriate.
 - (b) The duties and responsibilities of officers of the dental staff shall be delineated.
6. Responsibilities of the chief of dental service.
 - (a) The chief of dental service shall be responsible to the chief of surgery, where applicable, and to the dental and medical advisory committees for the organization of the dental service or depart-

ment and for the supervision and control of all dental work done in the hospital.

- (b) The chief of dental service shall be a member of the medical advisory committee (the medical staff by-laws should authorize this) and chairman of the dental advisory committee.

7. Dental advisory committee.

- (a) There shall be a dental advisory committee and this committee may appoint other committees of the dental staff which shall report to it.
- (b) The dental advisory committee shall perform, or shall appoint a dental audit committee to perform, an audit of dental clinical work performed in the hospital as revealed by the dental records.
- (c) Responsibilities of the dental audit function shall include those for assuring adequate recording of dental histories and evaluation of dental services, together with recommendations for improving dental clinical work.

8. Dental Staff meetings.

- (a) Meetings of the dental staff shall be held monthly, at least ten in the year, and shall include discussion of general dental business, organization and policies, followed by a report of the dental audit function and a review, analysis and evaluation of the dental work of the hospital including review of selected in-patient and out-patient cases treated at the hospital.
- (b) The attendance requirement at dental staff meetings shall be delineated.
- (c) Adequate minutes of all meetings and records of attendance at each meeting shall be kept.

9. Dental Staff departmentalization.

- (a) Departmentalization and sub-departmentalization may be undertaken according to clinical need and dental staff resources.
- (b) Departmentalization will make provision for general dental practice and will include a department or division of oral surgery and such other recognized dental specialty sections as may be required and indicated.
- (c) Where the dental service is departmentalized, organized departments such as oral surgery shall hold monthly meetings.

COMMENT AND ACTION

- 1. Information.
- 2. Noted with interest.

HOSPITAL SERVICES

3. Information.
4. Progress noted with great interest and approved.
5. Progress noted with satisfaction.
6. Noted.
7. Informative.
8. Informative and heartily agreed.

We recommend:

That the Canadian Dental Association vigorously support the efforts of the Corporate Members to have dentistry and dental services included in their Public Hospital Acts.

ADOPTED

We recommend the adoption of the report.

APPROVED

MEMBERS: *J. D. Purves, Chairman, Toronto, Ont.; E. R. W. Bilkey, Toronto; J. A. Fortier, Montreal, P.Q.; J. E. Tilson, Toronto; J. M. Phillips, Oshawa, Ont.; A. H. Leckie, Hamilton, Ont.*

REPORT

1. The official communication between the Canadian Dental Association and the dentists of Canada has again, this year, in the opinion of the Council on Journalism, provided Association business, news and articles both scientific and timely.

2. Action has been taken on all recommendations brought forth at the 1962 annual meeting, viz:

(a) An editorial prepared for the January 1963 issue, encouraging members of the CDA to attend Board of Governors meetings and thus to participate in discussions.

(b) The Convention supplement in March 1963 again highlighted the desirability of such participation.

(c) Notices proposing members' careful perusal of the transactions of the Board of Governors have been inserted in appropriate issues.

3. The recommendations proposed at a meeting of Dr. de Montigny and his assistant editors in October 1962 has been acted upon, thereby allowing annual honoraria to provincial editors in keeping with the policy extant in other provinces. The action regarding allowances on travelling expenses for two meetings per year was deferred pending the receipt of additional information.

4. This council subscribes to the policy with reference to the relaxation of space restrictions to publish information when it becomes timely. The council notes also that this is recognized as a worthwhile expense and should thus take precedence over other editorial material.

5. The budget for 1964 was submitted to the Treasurer. Increase in advertising revenue received was a result of an advertising rate increase in mid June 1962. This will reflect an increase in revenue during 1963 and on into 1964 since contracts are traded on a 12 month basis. Modest increases in disbursements reflect essentially those ever-present spiralling items, which also reflect in progress. The cost of printing, although increased 5% in 1962, has been reduced over \$600 by the careful control of our publisher, Mr. Allen. Lineage and revenue have remained essentially the same in 1962 as 1961 and we closed the year with a small profit.

6. In October Dr. Frank Compton, our editor, presented a paper at the Pan American Conference on Dental Journalism and Documentation at Miami, Florida. Lastly, the abstraction and reprinting of articles published in the Journal all over the world attest to the growing stature of our

Journal. The Council on Journalism finds it a profound joy in having a part in guiding the policies of the "journalistic team" and wishes to laud the combined efforts of Drs. Compton, de Montigny, Gullet and Mr. Gordon Allen in their careful scrutiny of the many facets involved in bringing our Journal monthly into the offices of every dentist in Canada.

Appendix A

REPORT OF THE EDITOR

1. The publication of the Journal is one of the services offered by the Canadian Dental Association. It is a service to members of the Association, to the dental supply industry and to the members of other professional disciplines with whom we share areas of common interest.

2. But quite apart from these immediate tasks, the Journal fulfills an additional function — one that may be less apparent but no less important than the foregoing; our Journal portrays Canadian dentistry to the rest of the world. Because it contains both English and French language material, the influence of the Journal extends far beyond the borders of our own country. A measure of this influence is reflected in the attention that the Journal receives abroad. This kind of interest was vividly portrayed at a recent Pan-American Conference on Dental Journalism. Obviously most foreign dentists may never have an opportunity to meet a Canadian colleague. Their conception of Canadian dentistry is thus entirely dependent on the image created by the Journal. They judge us according to what they see in its pages.

3. Professional journals vary in content according to their purposes. Some are essentially devoted to news and comment and some are entirely devoted to the publication of scientific articles. As the only national publication of its kind in Canada, each twelve-issue volume of the Journal strives for a balanced selection of material to meet the varied tastes and the wide range of interests of its readers wherever they may be. In it are found scientific articles and technical reports, economic and statistical information, reports of the activities of dentists and dental organizations, and varied informative items — in short, all those subjects with a broad professional appeal which commend themselves to a general professional journal.

Volume 28

4. This report relates to the publication of the 28th volume of the Journal during the year 1962. The editorial content occupied 822 pages. 629 pages (76.5% of the total editorial content) were devoted to the English section and 193 pages (23.5% of the total editorial content) were devoted to the French section. During 1962, 69 articles were published, 45 in English and 24 in French. Also published were 3 case reports, 14 abstracts, 22 editorials

and 11 reports emanating from the Association's bureaux, committees and councils. Space was again provided to publicize conventions of the Association and of major provincial, regional and specialty groups in Canada. C.D.A. convention publicity occupied 18½ pages while convention publicity for other groups was presented in 2½ pages. Quarterly reports of the C.D.A. Retirement Savings Plan occupied 4 pages. The section on book reviews continues to be appreciated as evidenced by the large number of books offered to the Journal by leading publishers. The correspondence section was also favoured with several interesting and occasionally controversial communications from readers. This is a healthy sign.

Special Issues

5. It has long been felt that the Journal could render a more valuable service by devoting from time to time an entire issue to one of the major areas of dentistry. Such an issue furnishes dentists with the latest information in the selected field within the pages of one single copy of the Journal. An issue of this kind also reflects current Canadian concepts and practice to the world at large. Furthermore, a special issue provides variety for the readers.

6. The preparation of a special issue usually extends over a period of twelve to fourteen months prior to its appearance in published form. A consultant advises the editor in the selection of potential contributors, and every effort is made to secure contributors from different parts of the country in order that the published material may be broadly representative of the Canadian outlook.

7. The special issue on Paedodontics, published in February of last year, was the first attempt in this direction. The response, both inside and outside Canada, was most encouraging and occasional requests for copies of this particular issue are still being received. A similar special issue on Periodontics was scheduled for May of this year.

8. The production of these special issues would be quite impossible without the help of consultants. The editor desires to give particular recognition to Dr. W. H. Feasby of Winnipeg and Dr. C. H. M. Williams of Toronto for their generous assistance and advice in the production of these two issues.

9. Also, last year, the Journal collaborated with the Department of National Health and Welfare by presenting in the December issue a symposium on Emergency Health Planning and the role of the dentist in the event of a nuclear disaster or other catastrophe. Similar symposia were published in the national journals of the Canadian Medical Association, the Canadian Nurses' Association and the Canadian Pharmaceutical Association. This is

JOURNALISM

the first time that all four professional groups have co-operated in such an undertaking.

Reprints and Abstracts in other Publications

10. The attention paid to dentistry in Canada is reflected in the rate at which original Journal articles are reprinted and abstracted in foreign publications. A partial sampling of English, French and German language publications, made over a period of four months during 1962, disclosed 30 separate instances of reprinting or abstracting from the Journal. In view of this interest on the part of foreign publications, discrimination in determining the content of each issue of the Journal is particularly significant.

Reprint Service

11. Reference was made in previous reports to certain inadequacies in the reprint service available to authors whose manuscripts are published in the Journal. Accordingly, the entire procedure was revised last year. Every author now receives a bi-lingual, return-pre-addressed order form three weeks prior to publication. This form indicates the length of the printed article as well as prices for letter-press and photo-offset reprints. Orders are placed by returning this form together with a covering cheque. Delivery of the reprints follows within four to six weeks of publication of the article. It is interesting to report that between 75% and 100% of the articles in every issue are now being reprinted.

Accommodation of Editorial Matter

12. During the past two years an attempt has been made to maintain the average editorial content of each issue at between 68 and 70 pages. In view of a steady increase in the supply of manuscripts, this creates a real problem in accommodating articles within a reasonable period of time following their submission and acceptance. Editorial consultants carefully scrutinize each manuscript and make recommendations which result in its acceptance, revision or rejection. Notwithstanding this rather rigorous screening procedure, the supply of new manuscripts during the past year has tended to exceed the available space so that there is now a minimum delay of six months between the receipt of a manuscript and its publication. No editor likes to miss something which is good yet any further extension of this interval will undoubtedly discourage some authors from writing and may induce others to seek an outlet in foreign publications — with regrettable results for dental journalism in this country. Perhaps the time has arrived when we should consider the advantages of a modest expansion of the editorial content of the Journal. With a net cost of \$2.39 per 12-issue volume last year, such consideration might not be unrealistic at this time.

Meetings

13. On October 20, 1962 the editor met with Dr. de Montigny and with the recently appointed French assistant editors, Drs. P. Cabana (in lieu of

M. Crête), P. Simard and C. Tessier. Publication procedures and policies governing the editorial content of the Journal were reviewed on this occasion. As a result of decisions reached at the meeting the French assistant editors now furnish to the French section news of dental organizations from various parts of the Province of Quebec. It was also decided to revive the French editorial page, with each of the assistant editors contributing an editorial from time to time. The results, which have been evident in the early 1963 issues of the Journal, deserve the highest commendation.

14. Reference was made last year to the necessary presence in Toronto of an individual who can make rapid decisions at short notice in matters relating to the French section, the publisher, the photo-engraver and the printer. This responsibility, which falls to the editor, curtails his attendance at meetings outside Toronto. Nevertheless, there are certain organizations and functions where contact must be maintained or where the Journal should be represented. Among these are the annual meetings of the American Association of Dental Editors and the annual conferences on dental journalism sponsored by the American Dental Association. Last year's meeting of the American Association of Dental Editors took the form of a Pan-American Conference on Dental Journalism which was attended by many Latin-American delegates. The editor was privileged to participate on the conference program where he presented a paper on "Dental Journalism in Canada". The formal and informal discussions with Latin-American confrères on this occasion were intensely interesting and stimulating.

15. Upon invitation, the editor on December 11, 1962, gave one of a series of lectures on scientific writing for first-year students at the Faculty of Dental Surgery, University of Montreal. The visible presence of a representative of the Canadian Dental Association is another one of the values accruing from this type of contact with dental students.

16. The editor desires to express again appreciation for the work of Dr. Gérard de Montigny, as French editor. His assistance and co-operation help the Journal to render a more useful service to the Association and its members. Similar recognition is due to many other persons who, in one way or another, have given of their time and talents for the benefit of all. Lastly, it has again been a privilege to serve this Association during the past year.

Appendix B

REPORT OF THE FRENCH EDITOR

1. During the Spring of 1962, the Dental Association of the province of Quebec made a survey amongst its members on different problems. One of the questions was the following:

Do you appreciate the Journal of the Canadian Dental Association?

The compilation of the answers gave the following results:

<i>yes</i>	<i>no</i>	<i>no answer</i>
85.0%	9.4 %	5.6%

The survey requested members to formulate some remarks after each question. The comment most frequently formulated regarding the Journal was the following:

We would like to have more French literature in the Journal of the Canadian Dental Association.

2. The results of this survey regarding the opinion of French language dentists on the Journal speak for themselves.
3. Study could be made by the Council of Journalism on the question of the number of pages devoted to the French section. Some people seem to think that French language dentists are located only in the province of Quebec. But the fact is that French language members of the Canadian Dental Association may be found in many provinces of Canada, mostly in New Brunswick, Ontario, Manitoba and Saskatchewan, and these members appreciate reading articles and news written in their own language. The editor receives periodically letters from these dentists from all over the country and this correspondence shows that the French section is of interest to dentists of other provinces.
4. The French section, during the year, received a great number of interesting articles. The subject of these articles were more diversified and of a better quality than in previous years. The French-Canadian dental literature is improving with time, to such a point that some journals from France are planning to devote special issues to articles written by Canadians.
5. The series of lectures organized for first year students last year, by the dental faculty of the University of Montreal, and which received the co-operation of Dr. Frank Compton, will teach young dentists the art of conveying knowledge to others. These lectures, the setting-up of a functional library at the dental faculty, and the obligation that students of each year have a written assignment every year, under the direction of the teaching staff, are steps taken in the right direction to improve considerably the quality of dental literature.
6. The members of the Association have noticed that the two sections have a tendency to integrate. For example, the tables provided by the Bureau of Economic Research are published in the two languages. This move has the advantage of sparing pages in the Journal and of somewhat abolishing the psychological barrier that seems to isolate the two sections. The summaries of articles that are published in the one language in both sections offer members more reading material, and give more unity to the Journal. Efforts must be continued to abolish this moral division in the

Journal and all means must be put into force to eliminate any separation within the Canadian population.

7. The collaboration of the assistant editors proves to be more and more effective, since they were nominated at the last Board meeting of the Governors. The members of the editing committee met last fall in Montreal and will meet again next week, during the Convention of the Dental Association of the province of Quebec.

8. In closing, the editor of the French section wishes to re-emphasize the excellent spirit of cooperation presiding over his relations with the editor of the Journal, Dr. Frank Compton.

COMMENT AND ACTION

1. Information.
2. Noted.
3. Information.
4. Agreed.
5. Noted with interest.
6. Agreed.

Appendix A — Report of the Editor

1. Information.
2. Noted with commendation.
- 3-4. Information.
5. Agreed.
6. Information.
7. We commend the editor for the production of special issues.
8. Appreciation is extended to Dr. W. H. Feasby of Winnipeg and Dr. C. H. M. Williams of Toronto for their assistance.
9. Information.
10. Gratifying to note that the Journal is being so favourably received beyond Canadian borders.
11. Noted with interest.
12. We recommend to the Council on Journalism as being highly desirable.

JOURNALISM

13. Noted with appreciation.
14. We call the attention of the Council on Journalism to this problem. We extend our appreciation to the editor for his presentation at the Pan American Conference on Dental Journalism.
15. Noted with interest.
16. Noted with commendation.

Appendix B — Report of the French Editor

1. We recommend that this matter be brought to the attention of the Council on Journalism for further consideration.
- 2-3. Noted.
4. Noted with interest.
5. Noted with commendation.
6. Noted with appreciation.
7. Information.
8. Noted with appreciation and gratification.
We recommend the adoption of the report on Journalism.

APPROVED

MEMBERS: *A. H. Crowson, Chairman, Ottawa, Ont.; T. J. Cooke, Winnipeg, Man.; F. K. Currie, New Westminster, B.C.*

REPORT

1. Registrars of all corporate members have provided this Council with information concerning legislative changes. Most reported little or no activity in this field. Legislative changes are summarized in this report.

2. *Newfoundland*

The 1952 dental act required that a dentist be registered and pay the registration fee but the act did not provide for payment of an annual licence fee. The Newfoundland Dental Board recently was successful in securing legislative amendments empowering it to collect annual fees as set by the Board. All provinces now collect annual fees under similar authority.

3. *Quebec*

One change in by-laws of the College of Dental Surgeons of the Province of Quebec is reported. Article 26k provides that: "From October 15, 1963, candidates for the license properly registered in the fourth year of a dental faculty of a university of the province of Quebec shall undergo, during this fourth year of study, theoretical and practical examinations in the presence of examiners appointed by the Provincial Board of Dental Surgery". This article also provides that: "The candidates that take and successfully pass the National Dental Examining Board of Canada examinations shall be exempted from theoretical examination" and the provincial examination fee is reduced by fifty per cent.

4. *Ontario*

(a) The Royal College of Dental Surgeons of Ontario has adopted a by-law which makes it possible for a dentist who otherwise does not possess a registrable qualification in Ontario to apply to the Board for permission to assume a hospital internship in a public general hospital in Ontario. The Board will consider the qualifications of each applicant and, providing the dental service of the particular hospital has been approved by the Canadian Dental Association, the Board may grant a hospital internship arrangement even though a provincial registrable qualification does not exist.

(b) Regulation #74 pursuant to the Dentistry Act of Ontario has been amended by regulation #76 which concerns rules and regulations governing the practice of dental hygiene, and this Regulation is now before the Lieutenant-Governor-in-Council hopefully to receive approval as required by Section 12 of the Dentistry Act of Ontario.

5. *Saskatchewan*

The College of Dental Surgeons of Saskatchewan has recommended two legislative changes. One provides that a graduate since January 1, 1948

LEGISLATION

of a dental school recognized and approved by the University of Saskatchewan and which is on the list of accredited dental schools of the CDA Council on Education may be licensed without examination. The other proposed change to the dental act would prohibit anyone but a dentist from having dental equipment such as is required in a dental office.

6. *British Columbia*

This Council's 1962 report contained descriptions of an Act to Amend the Dental Technicians Act and an Act to Amend the Dentistry Act. It was indicated that general regulations were to be prepared by the Dental Technicians Board. Amendments to the Dental Technicians Act which were passed in March 1962, and a totally revised set of general regulations governing administration of that Act and its amendments, were proclaimed law by Orders-in-Council passed by the provincial cabinet on January 17, 1963. The cabinet has not yet approved revised rules, regulations and by-laws under the Dentistry Act.

7. The Dental Technicians Act legalizes dental mechanics — who work directly on patients — and dental technicians — who work under prescriptions from dentists. Dental mechanics are restricted to the construction of complete dentures and only if the patient possesses a "certificate of oral health" signed by a physician or dentist. The Act prohibits a person from being both a dental mechanic and a dental technician.

8. The Dental Technicians Board is empowered to supervise education and set examinations for dental technicians and dental mechanics. At time of writing, examinations of dental mechanics had been written but results were not known, therefore the number of these mechanics legally doing business is not known.

Summary and Comment

9. As noted in the above report legislative changes have been made or proposed in various provinces since the last annual meeting. It would appear that there is no lessening in the efforts of certain groups to have legislation introduced favourable to their interests and which may be detrimental to the dental health of the public at large.

10. We in dentistry must be extremely vigilant to see that this type of legislation is rejected by our legislators, who must be fully informed as to the consequences such legislation might have.

11. It follows, then, that the Council on Legislation must be made as strong and efficient a body as possible, and this council is pleased to note that on June 3, 1962, the Executive Council passed the following motion in this regard:

"That the secretary, or deputy secretary, serve as secretary of the Council on Legislation, and that the following suggestions be made to the Council on Legislation.

- (a) that the terms of reference receive study
- (b) that a meeting of the council be convened at the earliest possible date."

12. The Council on Legislation heartily approves of the decision of the Executive Council in appointing the secretary or deputy secretary as secretary of this council, and concurs in their later decision that the expense incurred in convening a meeting of this council as stipulated would not be justified at the present time.

13. Few dentists in private practice have the knowledge or means of handling legislative problems competently, and the addition of a member of headquarters staff to this council will bring much needed knowledge and experience of these problems to this council.

14. A study has been made of the methods employed by organizations similar to the Canadian Dental Association in dealing with legislative problems. In reply to a questionnaire (see Appendix A) the following information was obtained.

15. The Canadian Medical Association, The Canadian Hospital Association, and The Canadian Pharmaceutical Association, use much the same procedures as the C.D.A. None employs a full-time lawyer, but seek outside legal help, when required, on a retainer or fee basis, with the administration centred at their respective headquarters. They have all considered having a full-time lawyer on their staff but the cost of such an appointment has been the deciding factor against the move.

16. The British Dental Association has had a lawyer on their staff for the past fourteen years as well as using the services of a legal firm as consultants when necessary.

17. The American Dental Association employs five full-time lawyers, four at their headquarters in Chicago, and one in Washington. A firm of legal consultants is also retained on a fee basis, and this combination has proved to be entirely favourable in the administration of the A.D.A. The full-time lawyers not only handle legislative problems, but also act in administrative capacities.

18. This Council acknowledges with thanks the cooperation extended to it by the Council on Legislation of the American Dental Association and the reporting in their bulletins of legislative changes pertaining to dentistry that have occurred in Canada.

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19. Again this council wishes to thank all the provincial registrars and the secretary and deputy secretary of the C.D.A. for their assistance in compiling this report.

Appendix A

"The Canadian Dental Association has had under consideration the employment of a qualified member of the legal profession as an assistant secretary. In our opinion legislative matters are becoming increasingly difficult. At the present time we are making a study of the position in order to assess the advantages or any disadvantages of such action.

We will value greatly your assistance if you will make answer to the following questions:

1. Do you employ a full-time lawyer(s) on your headquarter's staff?
2. If you employ a full-time lawyer(s) what advantages do you find?
3. If you do not employ a lawyer on your headquarter's staff explain your arrangement in handling legal matters.
4. Please state any points which you have found advantageous in handling legal matters from your headquarters administrative standpoint."

COMMENT AND ACTION

1. Information. Appreciation is expressed to the Registrars of the Corporate Members for their cooperation in keeping the chairman of the Council on Legislation informed of dental legislative changes within their respective provinces.
2. Information. The fact that all provincial licensing bodies now collect annual licence fees under similar authority is noted with approval.
3. Information.
4. Noted.
5. Noted.
- 6-8. Information. Regret is expressed that responsibility for dental services has been delegated to a group other than that duly qualified by training to perform these services for the public.
9. Noted.
- 10-13. Concur.
- 14-17. Noted with interest.
- 18-19. The acknowledgements and expressions of thanks noted in these paragraphs are approved.

The following resolutions are presented:

- (1) Whereas the Council on Legislation has almost no direct contact with the provincial Corporate Members or their registrars, and
Whereas such a contact should assist the Council on Legislation to more efficiently carry out the duties assigned to it by the C.D.A. Constitution and By-laws, therefore be it
Resolved that the opportunity be provided for the Chairman of the Council on Legislation to meet with provincial secretary-registrars during the next Secretaries' Conference for the purpose of a detailed discussion of the various legislative problems both provincial and federal, and further be it
Resolved that following this first meeting the advantages of such a get together be carefully assessed by both the secretaries and the Council on Legislation and recommendations be made to this Board as to the desirability of continuing such conjoint meetings.

ADOPTED

- (2) Whereas legislative matters concerning the practice of dentistry are becoming increasingly complex, and
Whereas in the establishment of plans for the provision of dental services, both the public and the profession stand to benefit by the application of accurate knowledge and advice in pertinent legal matters, and
Whereas competence in the field of dento-legal subjects can best be developed by a person or persons with knowledge and experience in both areas, and
Whereas the Association's present solicitor is an extremely busy man with a large number of business interests which make it literally impossible for him to spend time attending C.D.A. deliberations, and
Whereas the Association is not at present prepared to employ a full-time solicitor, therefore be it
Resolved that the Executive Council give careful consideration to retaining on a part time basis a junior member from the same legal firm represented by the Association's solicitor, who could sit in on meetings of this Board, of the Executive Council, and of other pertinent committees and councils and who would then have an up to date background of the dental problems concerning which he could advise the Association's solicitor when legal services are required on behalf of the Association.

ADOPTED

The Council on Legislation is commended for its informative report which is recommended for adoption.

APPROVED

TRUSTEES: *E. R. W. Bilkey, Chairman, Toronto, Ont.; M. V. J. Keenan, Sudbury, Ont.; Don W. Gullett, Toronto.*

REPORT

1. It is encouraging to note a continuing circulation increase. For example, circulation of periodicals increased by 48 per cent over the previous year. The busy librarian would be pleased to be even busier with increased circulation.
2. Added to the library were 127 textbooks, 150 bound volumes of periodicals, five new periodicals and three new newsletters.
3. The need for more space, and better space, continues. The furniture has been removed from the sunroom and this room is now filled with shelves which house the enlarging periodical section. The librarian anxiously awaits the acquisition of additional clean, dry space on the main floor upon completion of the addition to the building.
4. Although some donations to the library trust fund have been received, the annual grant from the association budget is essential. It is from this fund that new acquisitions are made. Donors to the library trust fund receive receipts which entitle them to income tax deduction.

COMMENT AND ACTION

1. Noted with approval.
- 2-3. Information.
4. Information. We recommend that the C.D.A. Journal bring this information to the attention of the membership.
We recommend the adoption of the report.

APPROVED

MEMBERS: *F. H. Compton, Chairman, Toronto, Ont.; W. R. Upton, Vancouver, B.C.; G. E. Decker, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; W. G. Campbell, Winnipeg, Man.; W. J. Dunn, Toronto; R. M. LeBlanc, Montreal, P.Q.; R. F. Sansom, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; G. D. Barrett, Charlottetown, P.E.I.; B. L. Bowden, St. John's, Nfld.*

REPORT

The Necrology Committee regretfully records the death of the following members since the last annual meeting of the Canadian Dental Association. We pay tribute today for the contributions they have made toward the advancement of the profession and their service to the public. These flowers are in recognition of our esteem and devotion to these former colleagues.

Abell, Henry Harold — R.C.D.S. '17	New Liskeard, Ont.
Alcombrack, Arthur Wellesley — R.C.D.S. '21	Toronto, Ont.
Anderson, Roy Melville — R.C.D.S. '16	Toronto, Ont.
Barron, Frederick — R.C.D.S. '09	Paris, Ont.
Bayne, Allan MacGregor — R.C.D.S. '24	Norwich, Ont.
Best, James Harold — U. of T. '21	St. James, Man.
Blair, John Freeman — R.C.D.S. '08	London, Ont.
Bowles, William Herbert — R.C.D.S. '99	Orangeville, Ont.
Braden, Leonard Ray — AT '29	Ottawa, Ont.
Brennan, Andrew Patrick — R.C.D.S. '23	Timmins, Ont.
Brown, George Hollis — Alberta '30	Edmonton, Alta.
Buffett, Lawrence Llewellyn — Dalhousie '29	Glace Bay, N.S.
Burrows, James Harvey — R.C.D.S. '24	St. Catharines, Ont.
Caisse, Gerard — Montreal '48	Montreal, P.Q.
Chant, Russell Havelock — Chicago Dent '11	Foamlake, Sask.
Christie, Herbert F. — Northwestern '03	Winnipeg, Man.
Cleveland, Ernest Albert — Bishops '96	St. Lambert, P.Q.
Conn, Robert W. — Chicago College of D.S. '11	New Westminster, B.C.
Coram, James Wildon — R.C.D.S. '06	Erindale, Ont.
Cormier, Joseph Wilfred — Balt. Col. Dent. Surg. '20	Amherst, N.S.
Coutu, Joseph Camille Lionell — U. of Mont. '28	Verdun, P.Q.
Dawson, Walter Thomas — R.C.D.S. '10	Toronto, Ont.
Dewar, William Fothergill — Toronto '30	Toronto, Ont.
Destroismaisons, Raphael — McGill '23	Montreal, P.Q.
Doan, Gordon Kitchener — U. of T. '40	Toronto, Ont.
Dohan, John Simon — McGill '19	Montreal, P.Q.
Dufresne, J. Romeo — McGill '30	Malarlee, P.Q.
Durran, James — R.C.D.S. '10	Kitchener, Ont.
Duxbury, Frank Raymond — Dalhousie '31	Halifax, N.S.
Dyer, A. W. — R.C.D.S. '24	Hamilton, Ont.
Dyer Francis Winston — So. California '36	Vancouver, B.C.

NECROLOGY

Eastwood, C. E. — R.C.D.S. '10	Edmonton, Alta.
Eidinger, Louis S. — McGill '20	Montreal, P.Q.
Emerson, Ralph Waldo — R.C.D.S. '09	Willowdale, Ont.
Fauteux, Gaspard — Univ. of Mont. '21	Montreal, P.Q.
Foster, Douglas Mortimer — R.C.D.S. '00	Guelph, Ont.
Fuller, Earl West, — R.C.D.S. '14	London, Ont.
Hackett, John Thomas — R.C.D.S. '06	Toronto, Ont.
Hyams, Bernard Lawrence — McGill '21	Montreal, P.Q.
Jackson, Gordon Marshall, R.C.D.S. '23	Hamilton, Ont.
James, Howard B. — R.C.D.S. '16	Oshawa, Ont.
Joy, Marion — R.C.D.S. '22	Toronto, Ont.
Lafleur, Rejean — Montreal Univ. '58	Shawinigan Sud, P.Q.
Leighton, George Thomas — B.C.D.S. '04	Moncton, N.B.
Liboiron, Pierre Auguste — Montreal '28	St-Jerome, P.Q.
Lumley, Charles C. — R.C.D.S. '99	St. Thomas, Ont.
Lynn, Robert Lawrence — Northwestern '38	Vermilion, Alta.
Macdonald, Norman Stanley, — Dalhousie '23	Calgary, Alta.
MacIntosh, Hugh Cameron — Tufts '07	Glance Bay, N.S.
MacLeod, William David — McGill '25	Vancouver, B.C.
Malcolmson, John Clark — R.C.D.S. '24	Toronto, Ont.
Massicotte, Dosilva — Univ. of Montreal '22	Joliette, P.Q.
Marston, Malcolm William — Bishops Univ. '02	Montreal, P.Q.
McDowell, Thomas James — R.C.D.S. '02	Milverton, Ont.
McIntyre, Leslie, H. — Northwestern '11	Edmonton, Alta.
McLaren, Hugh Richard — Toronto '36	Ottawa, Ont.
McLaughlin, Wilbur Hamilton — R.C.D.S. '13	Dundas, Ont.
McLaughlin, Thomas Earl — U. of T. '27	Williamsburg, Ont.
McLean, Alexander Hugh — R.C.D.S. '97	Orillia, Ont.
McLister, James Carl — R.C.D.S. '21	Windsor, Ont.
Mills, William Roland — Toronto '25	Toronto, Ont.
Milot, Angelbert Desaulniers — Laval '20	Montreal, P.Q.
Morgan, Charles Elgin — R.C.D.S. '20	Guelph, Ont.
Morrison, John Francis — Northwestern '05	Winnipeg, Man.
Murphy, Nickolas James — R.C.D.S.	Espanola, Ont.
Mutton, Hector Alexander — R.C.D.S. '23	Mitchell, Ont.
Nordin, Eric Randell — Oregon '24	Vancouver, B.C.
O'Flynn, John Franklin — R.C.D.S. '99	St. Catharines, Ont.
Paul, Edgar Watson — R.C.D.S. '01	Toronto, Ont.
Percival, Harold Dack — R.C.D.S. '22	Toronto, Ont.

Peters, Gordon Dempster — Temple Univ. '13	Winnipeg, Man.
Porter, Alvin Beverly — R.C.D.S. '21	Vancouver, B.C.
Randall, Walter Myers — Toronto '60	Carberry, Man.
Robinson, Harvey J. — R.C.D.S. '15	Calgary, Alta.
Rutherford, Arthur Peter — Chicago '02, R.C.D.S. '03	Hawkesbury, Ont.
Ryan, Joseph — R.C.D.S. '17	Toronto, Ont.
Saich, Alexander James — College of Dent. Surgeons of Sask. '19	Victoria, B.C.
Savage, J. Leopold — U. of Montreal '42	Montreal, P.Q.
Scrutton, Alexander Vincent — U. of T. '50	London, Ont.
Smith, Lester Emslie — U. of Alta. '27	Edmonton, Alta.
Stewart, Gordon Andrew — R.C.D.S. '24	Belleville, Ont.
Stewart, Robert Martin — R.C.D.S. '04	Markham, Ont.
Storey, Edwin Arthur — R.C.D.S. '24	Sarnia, Ont.
Strachan, James Sommerville — R.C.D.S. '11	Fort William, Ont.
Sumner, Clayton Darius — Oregon '18	Chilliwack, B.C.
Sutherland, Charles William — Philadelphia '07	Vancouver, B.C.
Switzer, Franklin Knight — Chicago Dent. Sc. '10 ..	Willowdale, Ont.
Teich, Joseph — R.C.D.S. '20	Almonte, Ont.
Wagg, Arthur Blake — R.C.D.S. '11	Toronto, Ont.
Warner, Thomas William — R.C.D.S. '23	Yarker, Ont.
Watson, Geo. Cyril — North Pac. Oregon '16	Aldergrove, B.C.
Westlake, L. J. — R.C.D.S. '23	Winnipeg 4, Man.
Wickens, Donald Charles — Toronto '51	Windsor, Ont.
Williams, Charles Edward — R.C.D.S. '10	Strathroy, Ont.
Wilson, John Joseph	Burks Falls, Ont.

NOMINATIONS

MEMBERS: *J. Zimmerman, Chairman, Calgary, Alta.; J. M. Darcy, St. John's, Nfld.
R. Langlois, Quebec, P.Q.; W. G. McIntosh, Toronto, Ont.*

REPORT

I wish to submit the following list of officers and members of various councils and committees:

President	— James Zimmerman, Calgary
President-elect	— Remy Langlois, Quebec
Immediate Past President	— M. V. J. Keenan, Sudbury, Ontario

COUNCILS

Executive	— James Zimmerman, Calgary, Chairman	
	— M. V. J. Keenan, Sudbury	
	— Remy Langlois, Quebec	
	— P. S. Christie, Halifax	1964 (1)*
	— J. P. Coupland, Ottawa	1964 (1)
	— W. J. Riley, Winnipeg	1965 (1)
	— W. P. Munsie, Vancouver	1966 (1)
Constitution and By-laws	— H. M. Cline, Vancouver, Chairman	1964 (1)
	— G. V. Fisk, Toronto	1965 (2)
	— A. G. Racey, Montreal	1966 (2)
	— J. P. Whyte, Swift Current, Sask.	1966 (1)
Education	— J. P. Lussier, Montreal, Chairman	1964 (1)
	— J. McCutcheon, Montreal	1964 (1)
	— T. J. Cooke, Winnipeg	1965 (2)
	— C. E. Dexter, Halifax	1965 (2)
	— J. W. Neilson, Winnipeg	1966 (1)
	— O. J. Yule, Toronto	1966 (1)
	— H. W. Reid, Toronto, Advisor	
Ethics	— J. P. McGuigan, Halifax, Chairman	1966 (2)
	— H. N. Beach, Ottawa	1964 (1)
	— R. J. McCarten, Winnipeg	1964 (1)
	— E. F. Dexter, Halifax	1965 (2)
	— L. E. Duffy, Charlottetown	1965 (1)
Journalism	— J. D. Purves, Toronto, Chairman	1966 (2)
	— J. A. Fortier, Montreal	1964 (1)
	— J. E. Tilson, Toronto	1964 (1)
	— J. M. Phillips, Oshawa	1965 (1)
	— A. H. Leckie, Hamilton	1965 (1)
	— E. R. W. Bilkey, Toronto	1966 (2)

Legislation	— A. H. Crowson, Ottawa, Chairman 1964 (1)
	— F. K. Currie, New Westminster 1965 (1)
	— J. Rumberg, Winnipeg 1966 (1)
Public Health	— A. R. S. Gray, Calgary, Chairman 1964 (1)
	— C. A. E. McCabe, Montreal 1965 (2)
	— K. F. Pownall, Toronto 1965 (1)
	— B. J. O'Meara, Charlottetown 1966 (2)
	— D. J. Yeo, Vancouver 1966 (1)
	— Advisory members:
	Chairmen of provincial dental public health committees.
Research	— K. J. Paynter, Toronto, Chairman 1966 (2)
	— J. E. Anderson, Toronto 1964 (1)
	— W. R. Bruce, Toronto 1964 (1)
	— H. S. Grey, Toronto 1964 (1)
	— G. Nikiforuk, Toronto 1964 (1)
	— J. D. Spouge, Winnipeg 1964 (1)
	— G. E. Connell, Toronto 1965 (2)
	— L. E. Francis, Montreal 1965 (2)
	— A. F. Howatson, Toronto 1965 (2)
	— A. M. Hunt, Toronto 1965 (2)
	— D. C. Teskey, Toronto 1965 (1)
	— D. L. Anderson, Hamilton 1966 (2)
	— R. H. Bingham, Halifax 1966 (1)
	— R. V. Blackmore, Edmonton 1966 (1)
	— C. D. Torneck, Toronto 1966 (2)

COMMITTEES

Auxiliary Services	— H. R. MacLean, Edmonton, Chair- man 1965 (2)
	— G. Swann, Calgary 1964 (1)
	— D. B. Ward, Montreal 1964 (1)
	— E. Downton, Toronto 1965 (1)
	— M. Nacht, Vancouver 1966 (1)
Dental Services	— W. G. McIntosh, Toronto, Chair- man 1964 (1)
	— B. M. MacKenzie, Edmonton 1964 (1)
	— H. G. Pettapiece, Parksville, B.C. 1964 (1)
	— R. A. Clappison, Toronto 1965 (1)
	— H. J. MacConnachie, Halifax 1965 (1)
	— L. Bernier, Quebec 1966 (2)

NOMINATIONS

	— W. J. Dunn, Toronto,	1966 (2)
	— P. G. Anderson, Toronto, Advisor	
	— Advisory members:	
	Chairmen provincial dental services committees.	
Headquarters Property	— R. P. Lowery, Toronto, Chairman	1965 (2)
	— G. V. Fisk, Toronto	1964 (1)
	— H. W. Reid, Toronto	1966 (2)
Hospital Services	— A. A. Antoni, Toronto, Chairman	1965 (2)
	— R. E. Booker, Kitchener, Ont.	1964 (1)
	— A. S. Brown, Toronto	1964 (1)
	— C. H. Moses, Toronto	1965 (1)
	— D. M. Wallace, Toronto	1965 (1)
	— Clayton Cummings, Ottawa	1966 (1)
	— Antoine Raymond, Montreal	1966 (1)
	— T. B. Van de Mark, Toronto	1966 (2)
Necrology	— Editor, Journal of the C.D.A.	
	— F. H. Compton, Toronto, Chairman	
	— Provincial Secretary-Registrars	
Specialists and Specialization	— M. A. Rogers, Montreal, Chairman	1966 (2)
	— J. J. McCarthy, Montreal	1964 (1)
	— P. J. Gitnick, Montreal	1965 (2)
	— H. T. Oliver, Montreal	1966 (2)
War Memorial Awards	— G. Baril, Montreal, Chairman	1965 (1)
	— J. Findlay, Halifax	1964 (1)
	— Antoine Raymond, Montreal	1965 (1)
	— D. J. Munro, Montreal	1966 (1)
	— S. Silver, Montreal	1966 (1)

APPROVED

On nomination from the floor, R. O. Brett and J. F. Edgecombe were elected to the Nominations Committee. Committee membership is as follows:

Nominations	— R. Langlois, Quebec, Chairman	1964
	— W. G. McIntosh, Toronto	1965 (1)
	— R. O. Brett, Regina	1966 (1)
	— J. F. Edgecombe, Saint John	1965 (1)

* The figure (1) or (2) indicates first or second term ending in the year shown.

EXECUTIVE: *A. A. Antoni, President, Toronto, Ont.; F. A. Smith, Past President, Vancouver, B.C.; E. W. P. Luxford, President Elect, Calgary, Alta.; D. H. MacDonald, Secretary-Treasurer, Toronto, Ont.*

REPORT

1. The ninth annual meeting of the Canadian Society of Oral Surgeons was held at the Queen Elizabeth Theatre in Vancouver on Monday and Tuesday, June 4th and 5th, 1962, with ten members and a few guests in attendance.
2. The scientific meeting of the Section was addressed by Dr. R. E. Johnson from Seattle who presented two papers as follows: "The Oral Surgeon's Role in Temporomandibular Joint Problems" and "Surgical Pathology". Dr. P. T. Smylski, Hamilton, Ontario, presented a paper entitled "Surgical Procedures of Aid to the Prosthodontist" and Dr. J. Sturdy of Vancouver spoke on "The Modern Concept of Blood Clotting". All these papers were most interesting and very well illustrated with slides and moving pictures.
3. During the business meeting keen interest was shown by all the members present concerning the proposed Royal College of Dentists. The Executive of the Society was authorized to express the society's support of the venture to the Executive Council of the Canadian Dental Association. This has been carried out.
4. Oral surgery is still plagued with its many problems. The two foremost are those of hospital recognition and of insurance coverage for oral surgical procedures when performed by dentally qualified oral surgeons. With new changes in the Public Hospital Acts, and with new impetus and increased activity in hospital dental departments, continuing efforts to resolve the first problem should be successful. Resolution of the very important problem of unfair insurance coverage will come about only through similar energetic effort by the profession as a whole.
5. The next annual meeting of the Society is scheduled for Toronto in conjunction with the Canadian Dental Association and Ontario Dental Association meetings.

COMMENT AND ACTION

- 1-3. Information. It is gratifying to see the interest and support of the Section in activities of the Royal College.
4. We recommend that the Executive Council consider the existing problem of insurance coverage which seems to discriminate against members of the dental profession.
5. Information.
6. We recommend adoption of the report.

APPROVED

EXECUTIVE: *G. V. Fisk, President, Toronto, Ont.; G. W. Street, President Elect, Calgary, Alta.; C. Asselin, Vice President, Montreal, P.Q.; J. J. Schachter, Secretary-Treasurer, Saskatoon, Sask.*

REPORT

1. The annual meeting of the Canadian Society of Orthodontists was held in the Queen Elizabeth Theatre, Vancouver June 3-5, 1962 with 26 members present.
2. Eight new members were accepted, raising the total membership to 104.
3. The George Wellington Grieve Memorial Lecturer was Dr. Allan Brodie, Professor and Head of the Orthodontic Department, University of Illinois. At the conclusion of his lecture he was presented with a suitably inscribed certificate.
4. The balance of the scientific program included Dr. Alton Moore, Professor and Head of Orthodontics, University of Washington, Dr. Ernest Hixon, Professor and Head of Orthodontics at the University of Oregon, Dr. Rowland Haryett, Professor of Orthodontics, University of Alberta and President Elect, Dr. G. V. Fisk.
5. The revised Constitution and By-laws was adopted.
6. A notice of motion was given to delete preceptorship training as a qualification for membership in the C.S.O. This will be acted upon at the Toronto meeting.
7. The meeting approved a resolution to be sent to the National Dental Examining Board requesting the setting of a separate examination in the subject of Orthodontics.
8. Announcement was made of Dr. Rowland Haryett's appointment as chairman of a conference with heads of the orthodontic departments of the Canadian dental schools to review the teaching of orthodontics at the undergraduate level immediately preceding the March 1963 meeting of the Council on Education.
9. The eleventh Annual Meeting will take place May 20-22, 1963 in Toronto.
10. The George Wellington Grieve Lecturer will be Dr. Donald W. Gullett whose subject will be "The Specialist and Dental Health Programs".
11. The balance of the scientific program will include Dr. Ulf Posselt, Malmo, Sweden; Dr. Charles Burstone, Professor and Head of the Orthodontic Department, University of Indianapolis; Dr. Donald G. Woodside, Professor and Head of Orthodontic Department, Faculty of Dentistry, University of Toronto; Dr. C. R. Castaldi, Professor of Paedodontics,

University of Alberta; Dr. Lewis Bernier, Quebec City; Dr. K. J. Paynter, Director of Graduate Studies, Faculty of Dentistry, University of Toronto; Dr. Frank Popovich, Burlington; Dr. Robert D. Leuty, Toronto and Dr. Mark Roberts, Toronto.

12. A group of twelve clinicians on Orthodontic subjects will participate in the general clinic session of the convention.

13. For use in expediting the transfer between orthodontists of patients whose parents are moved to another city before the completion of treatment, each member of the C.S.O. has been sent a number of specially prepared record forms.

COMMENT AND ACTION

1. Information.

2. Noted.

3-5. Information.

6. Noted. Commendable.

7. Noted. We would regret to see the number of separate examination papers for the National Dental Examining Board become unwieldy.

8-11. Information.

12. Information. Commendable.

13. Information.

Adoption of the report is recommended.

APPROVED

EXECUTIVE: *P. J. Gitnick, President, Montreal, P.Q.; H. B. Squires, President-Elect, Ottawa, Ont.; J. E. Speck, Secretary-Treasurer, Toronto, Ont.; J. W. Neilson, Past President, Winnipeg, Man.*

REPORT

1. The last meeting under the chairmanship of Dr. J. W. Neilson of Winnipeg was held in Vancouver on Sunday, June 3, 1962, coincident with the Annual Meeting of the Canadian Dental Association. There were 23 members present.

2. The scientific part of the program was both interesting and informative. The clinicians were Dr. Keith Box of Toronto, Dr. Clifford Ames of the Vancouver Periodontal Study Club, and the following members of the Edmonton Periodontal Study Club: Drs. R. B. Cameron, G. V. Clarke, J. M. Calvert, D. S. Gilmour, H. Haryett, J. Jackson, and V. Lloyd. The high standard of excellence displayed by the speakers was most gratifying. It is significant that with one exception, Dr. Haryett, all the clinicians are members of this Academy.

3. It was decided to hold the next annual meeting in conjunction with the Canadian Dental Association Annual Convention in Toronto on Tuesday, May 21, 1963. On the scientific portion of the program will be Dr. Ulf Posselt of Malmo, Sweden, and Dr. C. F. Cappa of London, Ontario. Dr. Posselt will also address a joint meeting of the Academy and the Canadian Society of Orthodontists.

4. During the past year the membership of the Academy consisted of 30 active and 28 associate members. Four applications for active membership and six for associate status were received. These nominees for membership will be considered at the next annual meeting. The roster of members is increasing in a most satisfactory manner.

5. The Academy is deeply concerned with the lack of uniform regulations governing specialty certification from province to province. A committee has been appointed to study this situation and to report at the next annual meeting.

6. The decision by the Board of Governors of the Canadian Dental Association to create a Royal College of Dentists was received with enthusiastic approval by the Academy. This Academy regards with favour the formation of such a college and is prepared to cooperate and to lend assistance.

COMMENT AND ACTION

1-3. Information.

4-5. Noted.

6. Information.

We recommend the adoption of the report.

APPROVED

REPORT

1. Ladies and Gentlemen, I would like to extend a hearty welcome to all members of the Canadian Dental Association to this the 62nd meeting of the Board of Governors. Ontario, Toronto and the Royal York have been the setting of many previous annual meetings of the CDA but this is the first time that the expanded facilities of this hotel have been at our disposal. From all appearances they will be fully utilized, as a very large registration is expected.

2. The next four days should be very important ones for the Canadian Dental Association, as well as for each individual member. The chairmen of the councils and committees will present reports of their year's work. The reference committees will examine these reports in detail and the Board of Governors will make the final decisions. It is like a chain. Each link must be painstakingly processed, so that the end result will produce a stronger unit.

3. The invocation has been pronounced by his Excellency Bishop Marrocco. Let us hope that our deliberations will be such as to produce the best results.

4. *Convention Committee*

The magnitude of the task and the capacity for details required to organize and produce a joint convention of the Canadian Dental Association and the Ontario Dental Association are such that only the most capable can be selected to act as chairman and to be members of the convention committee. I wish to personally thank the convention chairman, Dr. James Purves, his wife Loy and Mrs. W. Philp, and the entire convention committee for the excellent program they have arranged. Because the Keenans do not reside in Toronto, the committee has had to attend to many details which might ordinarily have fallen to Mrs. Keenan and me. Viola joins me in expressing our sincere appreciation.

Board of Governors

5. The Board of Governors is happy to welcome Dr. Oliver Brett of Regina and Dr. William Bruce of Kincardine as new members. This year, and we hope for many years in the future organized dentistry will place considerable responsibility on your shoulders. I know you will accept it willingly and trust that you will experience a great deal of satisfaction and happiness in this work.

6. We regret that Dr. Leask of Moose Jaw has resigned from the board, but having once worked for the national association, I know that he will continued his interest and lend assistance when required.

PRESIDENT

7. *Councils and Committees*

The councils and committees form the working force of the association. They are assigned the heavy burden of directing and processing the routine work and of initiating policy. Over 200 members donate their time and ability to further the interests of the association. To those dedicated members and to those who have assisted in any way, together with the headquarters staff, I wish to express my heartfelt gratitude.

President Elect

8. The president is an ex officio member of all councils and committees and is encouraged to attend as many meetings as possible. This is as it should be. However, many circumstances (the time element being one of them) prohibit the president from appearing at as many of these meetings as he would like. The president-elect is most anxious to become familiar with the work of the councils and committees and likely has more time at his disposal. I would suggest that the president-elect be permitted, deputized and encouraged to attend as many meetings of councils and committees as he finds possible in order to become acquainted with the personnel of these committees and at the same time become familiar with their problems.

Secretary

9. I would like to add my sincere thanks to those expressed by the 19 presidents who have preceded me, to our Secretary, Dr. Gullett. His thoughtfulness, kindness and wise counsel I very much appreciate.

10. Canadian dentistry has been served by a man who knows by name practically all the dentists of Canada who have seen fit to attend national, provincial and even local dental society meetings; by a man who possesses a detailed knowledge of local conditions in all provinces; and by a man who has entre to the executive heads of universities and departments of government. It is hoped that the Executive Council will give Dr. Gullett ample opportunity to introduce his successor to those with whom he will be working and associating in the future.

11. The knowledge of the statutes which govern our profession, and the experience of dealing with the governments of the country are vested in two men, our Secretary, Dr. Gullett, and our solicitor, Mr. Gordon Watson. I would like to say that the association has been well represented in this regard. A few years ago the Executive Council considered a motion from the annual meeting to investigate the possibility of establishing a legal bureau. The decision was that the time was not opportune and that the cost was prohibitive. Two years have passed since that time and no provision has been made to train younger men in this very important field of our development. I feel this situation cannot go on indefinitely. I recommend

that the Executive Council re-examine the possibility of establishing a legal bureau.

12. *Dental Schools*

It was a distinct pleasure for me to visit the dental schools across Canada and find such fine facilities available to our dental students. All our schools are either entirely new or completely remodeled. The equipment throughout is new and of the highest quality. Manitoba graduated its first full-sized class this year, while British Columbia will be accepting its first students next year. Dr. Leung is the new dean of the new school in Vancouver. He is organizing his staff and checking architectural drawings for the dental building which has been allotted a very fine site on the campus of the University of British Columbia. Three new schools are being considered for the near future.

Recruitment

13. The results of the activity of the National Recruitment Committee after only three years of operation have been phenomenal. In 1960 Dr. McIntosh commented in his presidential report that, since the number of applicants to fill the 307 vacancies in our schools across the country were so few, not all of those who were admitted were of as high an academic standard as we would like. In this year 1963 the situation has changed considerably. This fall, because of the number of applicants, we will enjoy the luxury of selection to fill our 332 vacancies. This insures that we will be able to accept those best suited to practise our profession.

14. Ten years ago when the first course in dental hygiene was established in Toronto, the number of applicants for admission was rather disappointing. The graduates, however, have been able to interest many more in their profession. The recruitment committee has also been able to communicate the advantages of this course. There are three schools offering this course at the present time with a total enrolment of 82 students in each of the two years and a fourth will open its doors this fall. All schools will admit capacity classes. Additional courses are being contemplated.

15. The tendency of dentists to practise in metropolitan centres in preference to the smaller towns has long been a problem and the recruitment committee has given this matter serious consideration. During my tour across the country, many offices were visited, and I noticed that some of the finest were in the smaller towns. I would like to interpret this as a trend. To practise one's profession in pleasant surroundings is the desire of all dentists, and it is shown that this desire can be realized in smaller municipalities as well as in large cities.

16. *Visitations*

Reports of the eastern and western visitations are appended.

PRESIDENT

Auxiliary Personnel

17. It is generally accepted that the efficiency of the dental operator is greatly increased when he is assisted by properly trained auxiliaries. Some members are demanding immediate implementation of the CDA policy statement on "Projection of Dental Services". To provide properly trained personnel has been a major consideration of the Executive Council, the Auxiliary Services Committee and the Council on Education.

18. Study has been given to the best uses to be made of dental hygienists, and uniformity in their course of study is being achieved. Two schools have undertaken studies in the training of auxiliaries. It would be folly to proceed too quickly but, on the other hand, we must continue to make progress.

19. *Journal*

Our journal continues to keep our members informed of the activities of the many councils and committees during the year. The special issues were well received and are being collected by many members. Our editors are to be commended for the high quality of the feature articles which they are making available to the profession.

20. *Royal Commission on Health Services*

Last year the association presented a brief to the Royal Commission on Health Services and stressed the importance of research, education and prevention. To show that we are sincere and truly enthusiastic about our recommendations we must make positive moves forward.

21. *Research*

Increased effort should be made to explain and to emphasize the importance of the achievements of our research workers. Their programs should be outlined and explained in a language that the profession can understand, and if possible communicated to the public in easily understandable terms.

22. *Prevention*

Fluoridation of communal water has been the major preventive development in the last decade. Much opposition to this health measure has been encountered during this time. The inclusion by plebiscite of Metropolitan Toronto into the fold has been very encouraging and those responsible for the favourable vote are to be congratulated. Those areas which have for several years enjoyed fluoridation are reporting results in excess of expectations. We must continue our efforts to establish this preventive measure in all municipalities.

Education

23. Dental health has been presented as an integral part of the total health picture of physical, mental and social well being and not merely the absence of disease. I feel we must increase our efforts to make the public aware of the contribution we would like to make in the total health picture.

24. The benefit of dentists trained in public health has been quickly recognized in those communities in which they serve. Through their efforts the message of dentistry is conveyed to parents, students and teachers. Because of the lack of their numbers, their influence is felt in too few areas.

25. If their efforts could be augmented by hygienists specifically trained in public health, and working under their direction, their value in dental education to the public would be greatly increased. We must find a way to encourage more dentists and hygienists to enter this branch of dentistry.

26. Dental students and student hygienists have been employed during the summer months in the state of Michigan to perform dental public health services as well as topical fluoride treatments and I am informed that the results are very satisfactory. Among the benefits derived from this type of program are:

First, it conveys to the public the fact that the profession is concerned with their dental health.

Second, it renders a preventive treatment service.

Third, the public receives dental health instruction.

Fourth, it is quite possible that some of these students may continue on in this field after their graduation.

27. Obtaining the money to finance a project of this nature may prove to be quite difficult. In the past the Red Cross has been very helpful in underwriting preventive and educational health projects in their inception, and gradually retiring when their benefits have been realized by the public. It may be that we could receive financial assistance from this organization.

28. In the light of this I would recommend that a study be made to ascertain the possibility of implementing a program of this nature in Canada.

Public Relations

29. One way of creating a favourable professional image with the public is through a vigorous and active dental public health program.

30. Most provinces have dental welfare programs functioning at the present time. It is our duty to encourage the provision of services to more welfare recipients as well as to those people who find it genuinely difficult to pay dental fees.

31. The enthusiastic assistance of lay groups could prove to be a most effective means of overcoming public ignorance and apathy regarding dentistry and its objects. Examples of what can be achieved through the medium of interested lay people is seen in the awareness of the public in the fight against cancer and tuberculosis, and the co-operation that the medical profession is receiving as a result of these efforts in its struggle against these dread diseases. If dentistry is able to portray itself properly to the public, and excite its interest; and when research, prevention and education have been effectively employed, the practice of dentistry as we know it will take over the necessary maintenance and treatment. I would recommend that all dentists, either in organized groups or as individuals be willing to guide and assist any lay organization that shows interest in dentistry.

32. Organized dentistry in Canada will shortly be celebrating its centennial. We may look back with a considerable amount of pride for the accomplishments of our predecessors and we may also feel that we are building solidly on the foundations laid by these dedicated men. The satisfaction derived from achievements made over the past 100 years may be justified but no proper record of the step by step advancement has been compiled.

33. Dentistry has a past, a present and a future but the future will severely criticize the present if it has failed to properly record the past. A history of dentistry in Canada must be written and soon. A venture of this type is something which can be delayed from year to year, but as the procrastination continues the task becomes more difficult. Many of our senior dentists would still be available and able to assist in the compilation of material if steps were taken in the near future to document the history of the profession in Canada.

34. The history of Canadian dentistry will require money, time and the proper student of dentistry to do the work. Now is the time to begin. We will have to find the money, and surely a suitable man can be secured. What a fitting project this would be for completion in Canada's centennial year of 1967. I would recommend that the Executive Council study the possibility of publishing a history of dentistry in Canada as soon as possible.

35. *Recommendations*

(1) That the President-elect be permitted, deputized and encouraged to attend council and committee meetings.

(2) That ample opportunity be given to Dr. Gullett to introduce his successor to those with whom he will be working in the future.

(3) That the Executive Council re-examine the possibility of establishing a legal bureau.

(4) That a study be made to use dental students and student hygienists in a public health program during the summer months.

(5) That dentists be encouraged to assist lay groups which show signs of interest in dentistry.

(6) That the Executive Council appoint a committee to study the possibility of publishing a history of dentistry in Canada as soon as possible.

Appendix A

*PRESIDENT'S VISITATIONS**Eastern*

The Eastern portion of the annual visitation by the President and Secretary has been concluded and my personal opinion is that it was highly successful. I think the men in the different provinces look forward to this annual event. The hospitality in all provinces was excellent, spontaneous, and unreserved.

For the Secretary it was a case of covering old ground, and seeing many old friends who in the past had helped him in many ways to unite the different provinces into the present national organization. His memory for faces and names is almost uncanny, for which I am very grateful. New names and faces will no doubt be duly catalogued for future use.

For the President it was a new and exciting experience, certainly a profitable one. So much so that I can easily see the merit of the Past President being a member of the Executive Council. Having visited each province, observing the variations in the practice of dentistry in different sections of the country, and hearing the different problems, he can more readily understand the different requests which come before the council.

The Deputy Secretary arranged the itinerary, which was complete in every way. Even very wet and foggy weather caused us no delay. This I understand was not always the good fortune of those who preceded me. A word of thanks is due to Mr. Croft.

On September 8th and 9th I attended the northern Ontario dental convention in Timmins and on this occasion merely brought them greetings and best wishes from the Canadian Dental Association. No formal address was given or expected. A prophet is without honours in his own country.

I had intended to spend two full days at the Eastern Ontario meeting but unforeseen events cut my visit short. However, I attended the noon luncheon on September 23rd, and once again conveyed to those assembled the best wishes of the Canadian Dental Association.

As early as June in Vancouver Dr. Kavanagh of St. John's asked that the Secretary and President try to visit Newfoundland in October at the time of their annual convention, the reason being that uncertain weather would undoubtedly curtail the attendance later in the year. He also insisted

PRESIDENT

that the wives of the Secretary and President be included. As a result a special visit was scheduled and Dr. Gullett and I spent three very enjoyable days during their provincial meeting. Mrs. Gullett was able to accompany us, much to the pleasure of the ladies and the local executive. Unfortunately Mrs. Keenan was unable to attend.

At the President's Banquet I had my first experience in making a formal speech. On this occasion Dr. Gullett was made an honorary member of the Newfoundland Dental Society and on acceptance of the certificate he made a very fine address.

Almost every one who could attend the convention was present including the dental officers of the United States Services stationed in Newfoundland. This is no small accomplishment as distances are great and the roads poors (except for the completed portions of the Trans Canada Highway). We talked informally with several members of the cabinet including Dr. McGrath, the Minister of Health. The three days gave each member ample opportunity to converse with us, and ask questions of the Secretary. Of particular concern was their increase in hospital participation and a desire on their part to increase their knowledge of hospital procedures. The men expressed their pleasure at the increase of communal water fluoridation.

Mrs. Keenan and I attended the American Dental Association Convention at Miami Beach as the representatives of the Canadian Dental Association. Dr. and Mrs. Harvey Reid were our plane companions. Dr. Reid was the recipient of an honorary membership in the American Dental Association at this convention. It is a great honour to Dr. Reid and Canadian dentistry. We were greeted on arrival by Dr. Gullett who had been in attendance for several days at many of the business sessions.

At the opening ceremonial I expressed the desires of the Canadian Dental Association to continue our cooperative efforts for the advancement of dentistry.

This dental meeting as you know is of mammoth size, and requires terrific organization, some details of which might be used to our benefit at our convention. Our hosts were most gracious. Miami Beach and the Hotel Fontainebleau were wonderful beyond our fondest dreams, but Dr. Reid and I were of the opinion that it is not the place for a cheap holiday.

Enroute home I was able to attend one day of the Dental Services Committee meeting.

We visited Saint John, New Brunswick on November 12th. In the afternoon we were questioned by the press. We were asked to appear at the local television station where I was interviewed by a nurse who is producing a series of programs on public health. I was asked specifically about fluoridation, which is creating a lot of interest in New Brunswick at this time. In the evening we addressed about forty members, some who had journeyed quite some distance to attend.

We visited Charlottetown, Prince Edward Island, on November 13 and refreshed our memory on confederation by visiting the Parliament Building which was the seat of its inception. Charlottetown has a very fine hotel and this was the setting of the evening dinner meeting. Practically all the dentists from the Island were there. Anyone not present had a legitimate excuse. Don and I addressed the meeting. The usual procedure was for a formal address by me and Don would speak on whatever topic seemed to be of concern, to those assembled. In Prince Edward Island some were a bit uneasy about the armed services training of auxiliary personnel.

Our schedule at Halifax on November 14 did not leave sufficient time to speak at the Faculty of Dentistry of Dalhousie University and we were afraid this talk would have to be omitted. We were happy to find that the entire graduation class was in attendance at the meeting in the evening to hear us. I understand this is now a regular procedure of the Nova Scotia Dental Association, and a praiseworthy one.

During our stay in the Atlantic Provinces I had learned to like them very much, with the sole exception of the weather which of course is hard to separate one from the other.

Our itinerary required us to stay in Quebec City for three days, which was very pleasant for us but required our Quebec City hosts to extend their excellent hospitality over a longer period of time, which they did so graciously. Perhaps sixty dentists were in attendance at the evening meeting. After speaking to the group we had many opportunities to converse with the men. In Quebec many dentists are on staff of hospitals and it is important to record the up grading in their position and responsibility by the new hospital act.

The last visit was to Montreal where a combined meeting of the three Montreal societies was gathered. They had a scientific speaker following our presentation so that no time was available for discussion following the dinner. This was a large meeting and everyone seemed cooperative and interested in the Canadian Dental Association.

In Montreal we visited both schools and spoke to the graduating class at McGill in the morning and the University of Montreal in the afternoon. This proved to be a busy day.

On November 22nd I attended the Toronto Academy of Dentistry Winter Clinic and brought greetings from the Canadian Dental Association.

On this visit to Toronto I attended a meeting of the Convention Committee.

Observations

The Registrars of the different provincial societies are keen and in most instances have some years of experience. They expressed their desire to continue the Secretaries' Conferences, which they found to be of great benefit.

PRESIDENT

Western

The western visitation of the President and the Secretary was commenced on Friday, February 22nd and completed March 20th, 20 days later. All manner of transportation, train, plane and automobile, was used to cover the vast expanse of northern Ontario and our four western provinces.

Acting upon the recommendation of the past president, in his report, (Transactions 1962:123) that many members of the Canadian Dental Association are unfamiliar with the working of their national body and are also unaware and hence unappreciative of the accomplishments, I decided to change my presentation from that which I made in eastern Canada. Fort William and Port Arthur was our first stop and here I attempted to explain how the business of the Canadian Dental Association was transacted, and some of the important business which had just been processed at the Executive Council meeting. I interpreted that this was at least in part what they wished to hear. As a result the procedure was repeated with slight variation throughout the rest of the tour.

The Secretary varied his remarks according to the requirements of the locality but in the main he stressed the necessity of the immediate formation of dental service corporations to insure that the administration of any variety of dental program remain under our aegis. He pointed out that administration was all important; it dealt with how, where, when and by whom our profession could be practised.

In Winnipeg we were escorted through the beautiful new dental school by Dean Neilson, and we had the privilege of speaking to the student body. We also visited the new premises of the Manitoba Dental Association. Dean Neilson arranged an appointment with the President of the University, and we spent a pleasant three quarters of an hour in conversation with Dr. Saunderson, who has a real knowledge of the problems of dentistry and we recognized him as a friend. In the evening we spoke to about 125 members of the Winnipeg Dental Society.

We went by plane to Regina and chartered bus to Moose Jaw where the local society played hosts. Dentists from Regina and distances in excess of 100 miles attended. Past President Jim Whyte was present and I am pleased to report he looked fit. The bus ride back to Regina was most enjoyable and much shop talk and congenial conversation ensued.

By dayliner to Saskatoon, lunch and all afternoon meeting with a special committee of the Saskatchewan College, and an evening meeting with the Saskatoon Dental Society.

By train to Edmonton. We visited the fine new quarters occupied by the Alberta Dental Association, where they are associated with the colleges of pharmacy and medicine, the latter being the owners. This close association with our kindred professions makes for greater efficiency and good understanding. Later in the afternoon we drove around the campus of the

University and inspected the dental faculty building, where we spoke to the student body, and again in the evening we addressed a large meeting of the Edmonton Dental Society.

Our Western visit coincided with the annual bonspiel of the Alberta dentists, which is quite an affair, dentists gathering at Red Deer from as far away as Peace River. Your President and Secretary threw the first stones to open the bonspiel (Note: we both showed a lack of practice). The evening meeting of the local dentists disclosed a small but enthusiastic group of dentists.

By car to Calgary and plane to Penticton and the beautiful Okanagan Valley, another fine meeting. Dr. Munsie of Vancouver and Dr. Dohan of Victoria greeted us and also accompanied us the following day on a drive to Kelowna and personally escorted us by plane to Vancouver and Victoria, where rather large meetings were held. While in Vancouver I was pleased to meet Dean Leung, Dean of the newest dental school of Canada. We visited the campus of the U.B.C., where I noted the tremendous changes made in the eleven years since I had last visited this seat of learning. Dr. Macdonald the president, greeted us most courteously and half hour of most useful discussion on the problems of dentistry followed. Dr. Macdonald presented us each with a copy of his recent book, (Higher Education in British Columbia) which is a very comprehensive report on the situation in that province and outlines a plan for the future.

Our last western port of call was Calgary, where Doctors Clay and McIntyre were signally honored by the Calgary Dental Society. I was glad to renew acquaintances with Dr. Malcolm Taylor, who so kindly presented a paper to the Canadian Association convention, last June in Vancouver. Might I add, another good and understanding friend of dentistry.

Our final meeting took place in my home town of Sudbury where I was presented with a desk set which I very much appreciate.

My purpose in reporting our tour in this way is to give the members some idea of what the President and Secretary experience, and also to express my thankful appreciation of the hospitality and kindnesses extended everywhere. Canada is a country of great distances and when one considers that British Columbia and Newfoundland may each have problems, entirely different in cause, scope, and ultimate effect, and yet problems which must be settled for the good of all, it begins to become apparent that annual visits to all provinces are a necessity. Finally it points up why a strong national society is so very, very essential.

COMMENT AND ACTION

- 1-3. Information.
4. Concur.

PRESIDENT

5. Approve.
 - 6-8. Concur.
 9. Approve.
 10. Agree in principle.
 11. Concur.
 12. Information.
 13. Note with satisfaction and commend the recruitment committee for its fine effort.
 14. Note with satisfaction.
 15. Noted.
 16. The President is to be commended for a very fine presentation, which should be of interest to all Association members, and should be considered for inclusion in a forthcoming issue of the Journal.
 - 17-18. Noted.
 - 19-20. Concur.
 21. Concur and recommend that the Research Council, editors of the Journal, and the Bureau of Public Information consider implementation of this suggestion.
 22. Concur and submit the following resolution:
That the Board of Governors of the C.D.A. at annual session in Toronto May 1963, extend its congratulations and commendation to the people of Metropolitan Toronto for their significant contribution to the public health of their municipality by their approval, by plebiscite, of the fluoridation of their water supply, and further
That this resolution be forwarded to the Chairman of the Council of the Municipality of Metropolitan Toronto.
- ADOPTED
- 23-25. Concur.
 - 26-27. Noted.
 28. Concur and recommend that this be brought to the attention of the Council on Education, the Council on Public Health, and the Corporate Members.
 - 29-30. Agree.
 31. Approved.

32-34. Agree.

35. Recommendations

(1) Agreed.

(2) Agree.

(3) Agree.

(4) We recommend that this be brought to the attention of the Council on Education, the Council on Public Health, and the Corporate Members.

(5) Agree.

(6) Agree, and submit the following resolution:

Whereas a history of dentistry in Canada is important and urgent, and
Whereas such a history would be a fitting project for completion
by Canada's Centennial Year of 1967, be it therefore

Resolved that the Executive Council take immediate action on this
project.

ADOPTED

We recommend the adoption of the report of the President.

APPROVED

MEMBERS: *F. McCombie, Chairman, Victoria, B.C.; A. R. S. Gray, Lethbridge, Alta.; K. Pownall, Toronto, Ontario; C. A. E. McCabe, Outremont, P.Q.; B. J. O'Meara, Charlottetown, P.E.I.*

REPORT

1. The 1963 meeting of the Council on Public Health was held on February 20th-21st at the headquarters of the Canadian Dental Association.

2. At this meeting five of the provinces were represented by the elected members of this Council. However, it is regretted that only one other province was able to arrange for a representative to attend. If plans are to be successfully developed for the future of dental public health across Canada, it is extremely desirable that all ten provinces be represented at the annual meeting of this Council. It is therefore suggested that the Executive Council may care to give consideration to the adoption of the following policies:

(a) At all times the five members of the Council on Public Health be drawn from five separate provinces.

(b) To the five provinces not directly represented on the Council the Association offer a matching grant-in-aid, payable to the respective corporate members and to assist in the expenses of a delegate from each of these provinces attending the annual meeting of this Council. Such grants it is estimated would not in total exceed \$450.00.

3. In addition, present at this meeting were representatives from the Department of National Health and Welfare, the Royal Canadian Dental Corps, the Canadian Society of Dentistry for Children and the Canadian Society of Orthodontists. In attendance were also the Chairman of the Council on Research and the Technical Advisor, National Dental Survey, and members of the Association's headquarters' staff. The contributions made to the meeting by these invited guests without doubt contributed greatly to the discussions held and the decisions reached.

The following decisions, actions and recommendations resulted from this meeting:

4. *Preventive Dentistry and Paedodontics at Annual Meetings*

The National Executive Secretary of the Canadian Society of Dentistry for Children reported on the plans for the 1963 meeting of the Society to be held immediately preceding the annual meeting of the Canadian Dental Association. The Society reported that it will continue to bend its efforts towards the inclusion of preventive dentistry and paedodontics at future national conventions. Fortunate it is that for the 1964 national meeting at Edmonton there is a strong Alberta Chapter of this Society so to arrange.

5. *Dental Public Health Training in Dental Schools*

(a) At the 1961 meeting of this Council it was suggested that a review

should be undertaken to examine in some detail the teaching of dental public health at the undergraduate level currently being provided by Canadian dental schools.

(b) During 1961/62 such a survey was most carefully planned, completed and analyzed at the request of this Council by Dr. H. S. Grey, Toronto.

(c) His report of this survey and recommendations with but a few amendments were unanimously approved with commendation by the Council. This report has since been transmitted to the Council on Education with the expressed hope that at an early date will be arranged a teaching conference on the subjects comprising the complex perhaps to be known in future as "Social and Public Health Dentistry".

6. *National Dental Health Day*

(a) The meeting noted with very considerable regret the decision of the Executive Council (Transactions 1962:127) which was expressed in the following terms: "The personnel and financial requirements of a National Dental Health Day, organized and sponsored by the Canadian Dental Association are beyond our capabilities at this time".

(b) The Council expressed hope that the intent of their report in regard to a National Dental Health Day, as submitted to the Executive Council in 1962, will receive favourable attention at a future date.

7. *Mass Media*

The Director of the Bureau of Public Information reported that neither available personnel nor available funds at the present time permit the Association to undertake an intensive public educational programme. It was agreed that a complete study of the use of the various mass media for the purpose of dental health education would be of more value at a time when available funds would permit greater utilization of the mass media. However, in the interim the Association is continuing its efforts in the areas of short television films and pamphlets.

8. *C.D.A. Dental Health Pamphlets*

(a) During 1962 one pamphlet was very considerably revised and reprinted. Another pamphlet has been revised so that the information therein, although not incorrect, is not now in disagreement with a major publication from another source. A further pamphlet is in the process of amendment and which it is hoped will thereby also permit the French translation thereof a very much wider utilization. Currently being undertaken is the preparation of a simple but comprehensive single-sheet leaflet to be made available in padded form. This leaflet should provide dental health information suitable for a very wide distribution and at a very low cost. Utilization is anticipated on a wide scale by private dental offices, schools and health departments.

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(b) Warm appreciation was expressed by the meeting to Dr. B. J. O'Meara and Dr. C. A. E. McCabe for their continuing and successful labours as reported above.

(c) The meeting was of the unanimous opinion that in the specific area of fluoridation the Association should provide further educational aids. Therefore now being arranged is the production of a booklet designed for limited distribution but specifically directed to municipal councillors, community leaders and dentists of areas where it is planned to endeavour to introduce this most important preventive measure. In addition, during the coming year will be made available at least one poster specifically relating to fluoridation and also a further pamphlet.

(d) The Council has also undertaken to consider the possible need of a pamphlet relating to the advantages of mouth guards to prevent damage to the teeth of players engaged in contact sports.

9. *Provincial Dental Health Committees*

Presented to the meeting was a specimen kit designed for distribution each year by Association headquarters to newly appointed Chairman of the Provincial Dental Health Committees. With the addition of a few further items these kits will shortly be available for distribution to all corporate members. It is believed that by this means rather positive and specific suggestions will be available for the first time to the Provincial Associations in this most important area of activity.

10. *National Dental Survey*

(a) The Council was privileged to receive from Dr. R. M. Grainger a report on the many factors to be considered in relation to the planning of future Canadian National Dental Health Surveys. It was also reported that data has now been submitted by all but two of the provinces. The Director of the Bureau of Economic Research was requested to prepare a national report on the basis of the data now available.

(b) To develop future plans a sub-committee was appointed under the chairmanship of Dr. R. Connor, Winnipeg. This committee was requested to re-define the data to be collected within such surveys and bearing in mind the now published recommendations of the World Health Organization and also studies currently being undertaken by the United States Public Health Service. Consideration will be given by the committee to the possible use of mark-sense cards for future surveys and in cooperation with Dr. Grainger the possibility of the central tabulation and analysis of data provided by completed individual examination forms submitted by the provinces. Thereafter this committee has been requested to prepare a simple booklet directed primarily for the use of dentists examining random samples of children for these surveys. Dr. Grainger has kindly undertaken to prepare a supple-

mentary reference manual intended primarily for the use of statisticians undertaking further analysis of the data provided by these surveys.

11. *Dental Services in Institutions*

Results of the nation-wide survey carried out during 1962 are currently being tabulated and analyzed by the Bureau of Economic Research.

12. *Terms of Employment of Salaried Dentists*

(a) At the request of this Council, Dr. D. J. Yeo, Vancouver, carried out a survey directed to federal, provincial and city health departments to ascertain the salaries and benefits being received by dentists therein employed.

(b) The results of this survey and the recommendations within the accompanying report were accepted by the Council with very considerable interest and appreciation.

(c) It is planned that during 1963 this information will be combined with the recommendations previously made available as a reprint of the C.D.A. Transactions, 1961:132-4 and published as an improved guide to dentists interested in a salaried career in public service.

13. *Administration of Dental Services*

(a) Presented by Dr. R. Connor, Winnipeg, at the request of Council and unanimously accepted, was a report enumerating many reasons as to why, with advantage to all concerned, the dental division of a health department, whether federal, provincial or city, should be placed under the immediate direction of the senior administrator and at no lower echelon within the administrative organization.

(b) It was the consensus of this meeting that the content of this report should become the basis of a resolution or policy statement to be later presented for adoption by the Board of Governors of the Canadian Dental Association.

14. *National Health Grants*

The resolution of this Council adopted at their 1962 meeting was reviewed and the subsequent action of the Executive Council (Transactions 1962:129) was noted with regret. The meeting expressed considerable concern and sincere hope that the Executive Council would consider that an appropriate time for positive action would be evident in the early future.

15. *Council on Research*

Dr. K. J. Paynter, Chairman, Council on Research, reported on several topics of interest and concern to the Council on Public Health. He reported that it was hoped to revise statements prepared by the Council on Research

PUBLIC HEALTH

in regard to fluoride supplements and radiation hazards in dental offices. Reasons for such revisions now being necessary were explained. It was also reported that under consideration were statements in regard to tooth pigmentation by tetracycline antibiotics and in regard to sterilization procedures in dental offices in the face of a rapidly rising incidence of infectious hepatitis across Canada.

16. *Dental Services by Auxiliaries*

The Council was privileged to hear from Colonel E. C. Purdy, D.D.S., R.C.D.C., a current report of the research project being carried out at Camp Borden and designed to improve the utilization of auxiliary personnel. The first report on this project was published in the October 1962 issue of the Canadian Dental Association. Colonel Purdy's review of later findings from this study was received with interest by the meeting. Publication of these results in the near future will be awaited with increased interest.

17. *Dental Services in Rural Areas*

Dr. K. Pownall reported to the meeting on the recent workshop conference held by the Ontario Dental Public Health Council. This subject being of equally serious concern to all Canadian provinces, was received with very real appreciation by this meeting. Furthermore reports as to successful results attained in various areas of activity revealed by this conference as being necessary at this time, will be anticipated with real interest. Reports of the Workshop as published in the January 1963 issue of the Journal of the Ontario Dental Association will be included in the kits being provided to Chairmen of Provincial Dental Health Committees.

18. *Dental Health Educational Aids*

So that existing policies of the Association in this regard may be defined, and so that future activities by this Council may be appropriately directed, a statement in regard to dental health educational aids has been prepared. (Appendix A). The Council unanimously adopted this statement and further recommended same for adoption by this meeting of the Board of Governors, and subsequent transmission to all corporate members for their appropriate action.

19. *Canadian Society of Public Health Dentists*

A report from Dr. C. W. B. McPhail in this regard was read. It was agreed that further discussions of this topic should be with advantage held by public health dentists attending the meeting of the Canadian Public Health Association to be held in Winnipeg in May 1963. It was also agreed that Dr. McPhail be requested to continue to serve as temporary organizing chairman until that time.

20. It will be recalled that at the 1962 meeting of the Board of Governors, and arising out of the report of this Council, a resolution was adopted which in part noted: "It would also be very desirable to gather factual information concerning the complex factors involved in the demand for dental services". (Transactions 1963132) As a contribution to this area of research, in the fall of 1962 a survey was carried out in British Columbia to endeavour to establish an appropriate but simple methodology to measure the effective demand upon the available dental services in the various regions of that province and as pertaining at that time. The report of this survey and the conclusions derived therefrom have been made available to the Director, Bureau of Economic Research and it is hoped will be published in a future edition of the Journal of the Canadian Dental Association.

21. The Chairman, now having completed the three-year term of office to which he was elected in 1960, wishes to thank most sincerely and warmly all members of this Council and many others who have contributed so generously of their knowledge and time during this period to the furtherance of the objectives to which this Council is dedicated.

Appendix A

DENTAL HEALTH EDUCATIONAL AIDS

1. (a) The Canadian Dental Association is pleased to note the high level of scientific accuracy of the dental health educational aids and resource material prepared by the Department of National Health and Welfare and which no doubt derives largely from the professional services available within and also from without that Department.

(b) The Association notes that in the past the Department of National Health and Welfare has produced dental health educational aids predominantly in the form of films, filmstrips, posters and pamphlets and the "Dental Health Manual". The Association hopes that this Department will continue to produce such aids and which are believed to be of inestimable value to those engaged in dental health counselling or teaching.

(c) However, the Canadian Dental Association is of the opinion that probably due to the requests of Provincial Health Departments these educational aids are perhaps primarily best suited for use by public health workers and school teachers.

2. (a) The Association will therefore in future primarily direct its attention to the production of dental health educational aids designed for use especially by general dental practitioners in their offices or when addressing lay audiences and when such appropriate aids are not available from other health agencies.

(b) The Association also will consider the preparation of aids for use by others than the dental profession in a particular area of information in

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which, for one reason or another, other agencies have not produced suitable material.

(c) The Association also recognizes that from time to time it may be desirable to produce material primarily for the education of the dental profession and/or other health professions.

3. (a) The Council on Public Health of the Association will continue to be responsible for the preparation and revision of the content of all dental health educational material (except T.V. filmlets, see below) as published by the Association and to consult with such advisors, scientific and technical, as appropriate.

(b) The Bureau of Public Information of the Canadian Dental Association will continue to be responsible for the production of all such material and including the production of T.V. filmlets. However, in regard to the latter, the Council on Public Health is available to advise on scientific accuracy of the public health aspects thereof.

(c) Dental health educational materials prepared by the Association will continue to be governed by the policy that they be sold at a cost equalizing the costs of production and furthermore as a public service at a cost commensurate with a wide distribution.

(d) In the past, dental health educational aids prepared by the Council on Public Health have been solely in the form of pamphlets and lecture notes. This does not however preclude consideration being given in the future to the production of other forms of dental health educational aids, as and when a need is demonstrated.

4. The Canadian Dental Association recommends:

(a) That by informal but close liaison between the Council on Public Health and the Dental Health Division of the Department of National Health and Welfare, there be maintained a high and uniform accuracy of scientific content of all dental health educational aids made available by the two national agencies.

(b) That provincial agencies, government and voluntary, recognize their responsibility within their province for the adequate provision of dental health education aids of a kind to meet their specific needs.

(c) That provincial agencies when purchasing or preparing dental health educational aids for either professional or public education, be guided, as far as scientific content is concerned, by the material produced by national organizations to whom scientific information and consultants are readily available.

COMMENT AND ACTION

1. Information.

2. Agreed. The following resolution is presented:

Whereas it is in the best interest of the future development and co-ordination of dental public health policies and programs across Canada that all ten provinces be represented at the annual meeting of the Council on Public Health of the Canadian Dental Association, therefore be it

Resolved that (a) the Nominations Committee each year give consideration to the desirability of having the five members of the Council on Public Health selected from five separate provinces, and

(b) the Canadian Dental Association offer to the five provinces not directly represented on the Council a matching grant-in-aid, payable to the respective corporate members, to assist in the expenses of a delegate from each of these provinces attending the annual meeting of this Council.

ADOPTED

3. Information.
4. Noted with satisfaction. We appreciate the efforts being made by the Canadian Society of Dentistry for Children.
5. Noted with interest.
6. Noted.
7. Information.
8. (a) Noted with interest.
(b) Noted with commendation.
(c) (d) Noted with approval.
9. Noted with satisfaction.
10. (a) (b) Information. We appreciate the undertaking of this difficult and complex study.
11. Information.
12. Agreed. The following resolution is presented:
Whereas the Canadian Dental Association recognizes the seriousness of the dental health problem of Canada at this time, and
Whereas the Association recognizes the contribution made in the field of public health by dentists appropriately trained, and
Whereas the Association recognizes the urgent need to maintain and augment these services with dentists of a high calibre, and
Whereas the Council on Public Health in 1962 completed a survey of salaries available to dental officers in government services across Canada, and

Whereas this survey evidenced a widening disparity between these salaries and the net income of dentists in general practice, and

Whereas it has been drawn to our attention that there is also a widening disparity between the salaries of dentists and physicians employed by health agencies across Canada, therefore be it

Resolved that the Canadian Dental Association most strongly urges all governments (federal, provincial and municipal) to review forthwith current salary schedules of dental officers within their employ and to adjust such schedules so that they be comparable to salaries of physicians of equal training, experience and responsibility and to the income of private dental practitioners.

ADOPTED

13. Agreed. The following resolution is presented:

Whereas the dental profession recognizes its direct responsibilities to the public, and

Whereas these responsibilities and the necessary authorization to administer them are defined in federal and provincial legislation, and

Whereas more than a century of experience has shown that an autonomous dental profession in free association with other health professions serves the public effectively, and

Whereas dental services are being provided to an increasing extent within the framework and under the auspices of governmental health service organizations, and

Whereas with few exceptions the present organization of governmental health services does not make equitable provision for the autonomy, status and compensation of members of the dental profession, and

Whereas the existence of one or more levels of responsibility between the senior dental officer and the chief administrator of a health department is unsatisfactory because

- (a) The senior dental officer must report to a medical or lay administrator below the departmental policy making level
- (b) In negotiations with a government department, the dental profession is not assured of close liaison between the senior dental officer and the chief administrator
- (c) It is not conducive to good morale among dental officers
- (d) The recruitment of dental officers is adversely affected, therefore be it

Resolved that the Canadian Dental Association most strongly urge governments at all levels to assure that the senior dental officer be directly responsible to the chief administrator of the depart-

ment providing dental services on all matters pertaining to the practice and profession of dentistry.

ADOPTED

14. Agreed. The following resolution is presented:

Whereas since the last meeting of the Board of Governors no change has been made either in the National Health Grant structure or in the administration of the National Health Grants which would tend to the stability and growth of dental health programs, therefore be it

Resolved that if the forthcoming report of the Royal Commission on Health Services does not make adequate provision in this regard the Executive Council of the C.D.A. consider action as previously recommended by the Council on Public Health.

ADOPTED

- 15-16. Noted with interest.

17. Information.

18. Agreed.

19. Information.

20. Noted with interest.

21. The work of the Council this year has been extensive and foresighted and we warmly commend the retiring chairman and members of Council for their efforts.

We recommend the adoption of the report on Public Health.

APPROVED

REPORT

1. Indications are that the second set of television filmlets has had a better reception than the first because of greater popular appeal. We continue to receive reports from television stations and from dentists to confirm the popularity and usefulness of these films. Considering the large numbers of viewers, our messages have a very small unit cost.
2. In order to maintain our position in this field and to compete with other producers of public service films, we should produce a third series. The Executive Council has approved the recommendation that \$6,000 be added to the 1963 budget for this purpose. A similar item appears in the proposed 1964 budget.
3. The Canadian Public Relations Society, with chapters in major cities, is the national organization of public relations people. Among its activities are sponsorship of the university extension course which your director attended two years ago, publication of a journal, and an annual national conference. The Executive Council has approved the recommendation that the director apply for membership in the society.
4. The convention exhibit approved a year ago has been ordered and will be on display during the convention. Time has not yet permitted publication of the proposed brochure describing the association.
5. The number of newspaper clippings of dental subjects has been increasing almost annually. In 1962 the bureau processed an average of 861 clippings per month, up from 760. It is interesting to note the number of editorials calling for greater participation by the profession in fluoridation campaigns.
6. In May 1962 the bureau published a bulletin containing reproductions of newspaper stories concerning the association's brief to the Royal Commission on Health Services. Purpose of the bulletin was simply to show members that the public is interested in what the profession has to say. The bureau and the association have since been castigated by a few members of the profession for the opinions of the newspapers as reproduced in the bulletin. The bureau is pleased to have evidence of readership but accepts no responsibility for opinions of the newspapers.
7. In his report a year ago, the President recommended that continuing study be given to correcting the existing lack of knowledge and appreciation for the association. (Transactions 1962:123). After discussion at its February meeting, the Executive Council recommended that a comment or two should be included in this report.
8. The association has a need and an obligation to keep its members informed of its activities and of the benefits of membership. The story must

be told and retold and then told again. It is too easy for the informed few to believe that a story once told is a story always remembered. Another significant point is that the membership of the association is constantly changing. Dental schools will soon be graduating over 300 new dentists per year. In only five years, over 25 per cent of our membership could be composed of new dentists unfamiliar with the accomplishments of their association.

9. Communication between the association and its members is chiefly by the printed and spoken word. A very effective means of communication is the sound and motion picture. Films are capable of telling a story to many people in many places and yet tell it in the same vivid manner with each repetition.

10. The least expensive type of film which could be used by the association to inform its members is the documentary. Most of the cost is in on-the-scene shooting and then editing. One possible subject of a documentary-type film is the annual meeting. At dental society meetings across the country — with premier performances at each stop along the route of the president's tour — members could really see and hear for themselves the democratic processes of their national association in action. Such a film might cost in the range of \$10,000-\$15,000.

11. A word might be said here about communication with our French-speaking members. It has been policy for some time to send English language printed matter to English-speaking members and French-language printed matter to French-speaking members. Occasionally it has been thought desirable to send English language material to French-speaking members because a translation could not be produced. It may be that the added expense of providing French members with exclusively French-language material should be considered.

12. Your director has been pleased to participate in such projects as recruitment, the Canadian Fund for Dental Education, convention publicity, the "ten year" insurance plans report, new dental health pamphlets, the dental research conference, and many others. It is regrettable that time has not permitted greater attention to some areas (the Governors Letter in particular). Appreciation is expressed to all those members who have co-operated so well in the work of this bureau.

COMMENT AND ACTION

1. Noted with approval.
2. Approved and we commend the action of the Executive Council.
3. Agreed.
4. Information. The brochure will be forthcoming.

BUREAU OF PUBLIC INFORMATION

5. Noted.
- 6-7. Information.
- 8-10. These suggestions are very commendable and are referred to the Executive Council for their action.
11. Adequate budgetary provision should be made to provide French speaking members with literature emanating from headquarters in French.
12. The director is to be commended on his many and diversified efforts. We recommend the adoption of the excellent report of the director.

APPROVED

MEMBERS: K. J. Paynter, *Chairman, Toronto, Ont.*; D. L. Anderson, *Hamilton, Ont.*; J. E. Anderson, *Toronto*; W. R. Bruce, *Toronto*; G. Connell, *Toronto*; L. E. Francis, *Montreal, P.Q.*; H. S. Grey, *Toronto*; A. E. Hoffman, *Halifax, N.S.*; A. F. Howatson, *Toronto*; A. M. Hunt, *Toronto*; K. A. McMurchy, *Edmonton, Alta.*; G. Nikiforuk, *Toronto*; J. D. Spouge, *Winnipeg, Man.*; D. C. Teskey, *Toronto*; C. D. Torneck, *Toronto*.

REPORT

1. *Personnel*

Grateful acknowledgement of their services to the Association is hereby rendered to Drs. D. L. Anderson, A. E. Hoffman, K. A. McMurchy and C. D. Torneck, who will retire from the Council this year.

2. *Fluoride Supplements*

The policy statement on self-administration of fluoride (Transactions 1961:143) has been revised. The revised statement is attached as Appendix A.

3. *Radiation Hazards*

The statement on radiation hazards resulting from the use of dental x-ray machines (Transactions 1958:177) has been revised. The revised statement is attached as Appendix B.

4. *Second Canadian Conference on Dental Research*

(a) The Second Canadian Conference on Dental Research was held at the Banff School of Fine Arts, Banff, Alberta, October 9-11, 1962.

(b) The Conference was financed through grants of \$3,000 each from the Proctor & Gamble Company of Canada, and from the National Research Council of Canada.

(c) Twenty-five scientific papers were presented. The list of the titles and presentors is attached as Appendix C.

(d) Those attending the Conference adopted a statement recommending water fluoridation. A copy of this statement is included in Appendix C.

(e) Funds remaining after expenses of the Conference had been paid were supplemented by a grant from the Canadian Dental Association to provide a sum of \$500 for deposit to the credit of the Canadian Dental Research Foundation.

5. *Canadian Dental Research Foundation*

(a) Officers of the Foundation elected at the Annual Meeting are K. J. Paynter, President; Don W. Gullett, Secretary; G. Nikiforuk, member.

(b) The Financial Report of the Foundation for the year ending December 31, 1962, is attached as Appendix D.

(c) Capital assets of the Foundation have been increased by \$500. (See para. 4(e) above).

RESEARCH

6. *Fluoridation*

Council is of the opinion that the Association should continue its support of established methods for preventing dental disease. It recommends therefore that the policy statement on fluoridation be reiterated at this time. A copy is attached as Appendix E.

7. *Dental Research Funds*

The funds allocated by the Associate Committee on Dental Research of the National Research Council to support dental research during the year 1963-64 were in excess of \$200,000. This, together with funds from other federal and non-federal sources, will provide approximately \$325,000 for dental research this year. This is about two per cent of the estimated total spending for medical research during the same period.

8. *Fellowships and Studentships*

(a) A total of \$33.97 was granted for the purchase of reprints. Details are shown in Appendix F.

(b) Council received a total of seventeen applications for Fellowships and Studentships totalling \$19,683.15. Twelve were granted for a total of \$12,548.15. Details appear in Appendix F.

(c) A summary of Fellowships and Studentship awards to date is attached for information as Appendix G.

9. *Budget*

Council has requested a budget allocation of \$12,200 for 1964.

10. The Proctor and Gamble Company of Canada Limited has made an unsolicited grant of \$3,000 to the Council on Research to be used in supporting the dental research program.

Appendix A

FLUORIDE SUPPLEMENTS FOR PREVENTION OF DENTAL CARIES

1. Adjustment of the fluoride content of commercial waters to a level of 1 part per million is a safe and effective public health measure for the prevention of dental caries. At present, no alternative method of fluoride administration competes with the above in terms of safety, effectiveness and cost.

2. Where communal water supplies do not exist or where water supplies contain less than 0.7 parts per million of fluoride, concentrated fluoride supplements are recommended.

3. Concentrated forms of fluoride may be used at home for preparing fluoridated water containing 1 ppm of fluoride. The use of this water for drinking, infant feeding formulas, and cooking should simulate the effects of communal water fluoridation.
4. An alternative method is to administer daily fluoride tablets or concentrated solutions in water according to an established age-dose scale. Details may be obtained from the Secretary of the Canadian Dental Association.
5. As with many pharmaceutical agents, fluoride tablets or concentrated solutions should be provided only on prescription by a qualified dental or medical practitioner, only after the fluoride content of the home water supply has been ascertained, and only where continuous parental supervision can be assured over a period of many years.
6. Preparations containing fluorides and vitamins are not recommended, since control over the administration of the single constituent would become more difficult. Also, the hazards resulting from abuse are compounded if a multiple preparation is involved.

ADOPTED

Appendix B

SAFE AND EFFECTIVE METHODS FOR THE USE OF THE DENTAL X-RAY MACHINE

The value of the x-ray as a diagnostic aid in dental practice cannot be questioned. However, because of the increasing use of the x-ray, and because of the increased exposure of the public to radiation from other sources, the dental profession has an obligation to reduce the hazards in this connection wherever feasible.

Radiation hazards resulting from the use of the dental x-ray apparatus should be considered as they relate to both the operator and the patient. These dangers in each instance may take three general forms. First, with prolonged exposure the skin surface may be exposed to sufficient radiation to cause an erythema. Repeated exposure to a given area of skin over a long period of time may also cause pathological changes, which in turn could lead to the development of malignancy. This is of particular significance to the operator who is more likely to receive such damage than it is to the patient. Second, deeper tissues, particularly bone marrow and lymphatic tissue, may be affected adversely by the radiation resulting in a leukemia or other blood cell disease. Third, radiation to the gonads may produce mutations within the developing germ cells resulting in harm to succeeding generations. All of these effects are directly proportional to the intensity and quality of the x-ray beam and to the length of time that the cells are exposed.

RESEARCH

Protection of the Operator

The danger to the operator emanates from primary radiation caused by direct exposure to the x-ray beam and from secondary radiation scattered from the patient's face, the nose cone of the machine, or any other object exposed to the primary beam of radiation. Provided reasonable care is exercised the danger to the operator should be minimal.

The following precautions are necessary to protect the operator from the useful x-ray beam:

1. Never stand unprotected in the path of the useful x-ray beam.
2. Never use the fingers to hold a film pack in the patient's mouth while the x-ray machine is operating.
3. Never use intra-oral fluoroscopic mirrors.
4. Never hold the tube housing or the pointer cone while the x-ray machine is operating.

Exposure of the operator to scattered radiation can be markedly reduced by three methods:

1. Exposure to scattered radiation decreases with the distance the operator stands from the patient. The timer cord should be long enough to permit the operator to stand about ten feet from the patient while the machine is operating.
2. The safest position for the operator during the exposure of dental film is approximately at a right angle to the direction of the x-ray beam.
3. If these precautions cannot be followed, or if the daily work load is particularly heavy, the operator should stand behind a leaded barrier.

(To check on the effectiveness of precautions used for his own protection, the operator may wear a film badge as supplied by the Radiation Protection Division, Department of National Health and Welfare, Ottawa.)

Protection of the Patient

When proper techniques are used the danger of producing an erythema to the patient's skin or damage to germ cells is remote. It should be noted however, that there is no known threshold for producing mutations in the developing germ cell. For this reason every effort should be made to reduce exposure to a minimum. Potential danger to the patient also exists with repeated and prolonged exposure to x-rays of the blood-forming cells of the bone marrow and lymphatic tissues. For this reason the areas radiated for dental investigation should be kept small so that only a fraction of the total blood cell forming tissues are exposed. With proper technique the exposure to any one area should be neither prolonged nor intense.

By adopting the following precautions, exposure of the patient to unnecessary radiation can be reduced significantly:

1. A lead diaphragm should be placed between the x-ray beam source and the patient to ensure that the area of skin surface radiated at each exposure is not more than 2.5 inches in diameter. With such a device there is a significant reduction in the amount of primary and scattered radiation to which the patient is exposed. Recent investigations suggest that a fully collimated cone will further reduce the total scattered radiation.
2. Filters of pure sheet aluminum should be placed between the x-ray beam source and the patient to yield a total filtration equivalent to 2 mm. of aluminum. This procedure will reduce the skin dose by absorbing most of the soft radiation from the beam. Soft radiation does not penetrate far enough to be of use from a radiographic standpoint, but it does add to the skin dose.
3. The operator should use the fastest film available, compatible with obtaining x-rays of high quality. Since some very fast films require only $1/6$ the exposure time of slower speed films, an appreciable reduction in total patient exposure can be realized. A fully-controlled time and temperature developing technique must be used in conjunction with fast films to permit the best results. This usually means increasing developing time to five minutes at 68°F with high energy developer. Any reduction in developing time will necessitate increasing exposure time. When ultra-fast films are used it is necessary to replace the mechanical timer on the x-ray machine with an accurate electronic timer.
4. It is generally considered that operating techniques should utilize the higher (60 Kvp to 90 Kvp) rather than the lower kilovoltages.
5. The problem of x-ray leakage from the housings of modern x-ray machines is very slight. With older x-ray machines which might have inadequate or faulty shielding in the tube housing, this leakage can be significant. Radiation from this source can be detected by means of radiation instruments or films. (Radiation detection services are available through most of the provincial health departments.)
6. The use of a leaded apron on the patient is recommended as a simple means of protecting the gonads from secondary radiation.

ADOPTED

Appendix C

SECOND CANADIAN CONFERENCE ON DENTAL RESEARCH

Program

- D. Anderson, University of Toronto. Relationship of Sulphated Polysaccharides to Fiber Formation in Connective Tissues.

RESEARCH

- R. V. Blackmore, University of Alberta. The Propagation of Herpesvirus Homiinis in L Cell Cultures.
- H. K. Brown (Author). M. Poplove, Department of National Health and Welfare. Dental Effects of a Lifetime Consumption of a Water Containing 1.8 ppm of Fluoride by a Child Group Aged 6 to 14 years. (Ingersoll, Ontario.)
- R. C. Burgess, University of Toronto. Isolation of Several Proteins of Developing Enamel.
- C. R. Castaldi, University of Alberta. Dental Caries and Socio-Economic Level in Edmonton, Alberta.
- G. E. Connell, University of Toronto. Electrophoresis of Saliva Proteins on Starch Gel.
- J. G. Dale, University of Toronto. Autoradiographic Studies of Cellular Activity in the Temporomandibular Joint.
- G. B. Davidson, University of Alberta. An Experimental Research Instrument Designed to Swage Wax Patterns with Precise Control of Pressure, Temperature and Time.
- A. Demirjian, University of Montreal, Study of the Glenoid Fossa in Eskimos and Modern Man, in Relation to Function.
- C. H. Dowse, University of Manitoba. Carbohydrate Metabolism in Bone.
- L. E. Francis, McGill University. Histamine and 5-HT Antagonist from Human Tissue Extracts.
- I. Kleinberg, University of Manitoba. Further Studies on the Metabolism of the Oral Micro-organisms in Saliva-Substrate Mixtures.
- J. P. Lussier, University of Montreal. The Specific Activity of Radiocitric Acid in Bones of Rats Under Special Experimental Conditions.
- J. B. Macdonald, University of British Columbia. The role of Bacteroides Melaninogenicus in Mixed Anaerobic Infections.
- Z. Mezl, University of Montreal. Abnormal Uncalcified Substances Formed by the Dental Epithelium.
- F. J. Marshall, University of Manitoba. Endodontic Culturing Techniques.
- G. Nikiforuk, University of Toronto. Fluoride-Carbonate Relationship in Enamel.
- K. J. Paynter, University of Toronto. Development of the Rat Molar.
- R. L. de C. H. Saunders, Dalhousie University. X-ray Microscopy of Dental Pulp Vessels.
- A. Sinclair-Hall, University of Manitoba. Healing of Alveolar Bone and Dentinal Defects After Implantation of Polyvinyl Alcohol Sponge.
- J. D. Spouge, University of Manitoba. Hypersensitivity Reactions in the Skin and Mucous Membranes of Rabbits and Guinea Pigs.
- J. Tuba, University of Alberta. Effect of Diet on Hamster Salivary Phosphate.

- S. Wah Leung, University of British Columbia. The Binding of Calcium by a Salivary Gland Mucoid.
- H. Warshawsky, McGill University. Investigation of an Undescribed Gland Associated with the Upper Incisor of the Rat.
- W. V. Youdelis, University of Alberta. Dispersion Hardening of Amalgams.

Statement on Fluoridation

1. Tooth decay needlessly affects the majority of children and adults in Canada, and continues to be one of the major public health problems of today.
2. Studies on fluoridation extending over a period of thirty years have proved beyond any doubt that adjustment of the fluoride content of communal waters to contain one part fluoride to one million parts of water causes no ill effects, and is effective in reducing tooth decay. The studies indicate that fluoridation benefits children and that the benefits extend into adult life.
3. The participants of the Second Canadian Conference on Dental Research unanimously recommend that wherever feasible communities across Canada adopt fluoridation as a safe and effective method for improving dental health.

Appendix D

CANADIAN DENTAL RESEARCH FOUNDATION

December 31, 1962

BALANCE SHEET

ASSETS

Current account:

Accrued interest on bonds		\$	185.66
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Capital account:

Cash in trust company	\$	655.65	
Government and government guaranteed bonds, at cost (par value \$17,100.00)	17,064.50	17,720.15	
			\$17,905.81

SURPLUS

<i>Current account</i>		185.66
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Capital account:

Balance, December 31, 1961	17,220.15	
Transfer from C.D.A. General Account	500.00	17,720.15
		\$17,905.81

RESEARCH

STATEMENT OF RECEIPTS AND DISBURSEMENTS

RECEIPTS

Cash in trust company, December 31, 1961		\$ 155.65
Interest on investments held by trust company	\$579.50	
Bank interest	62.84	642.34
Transfer from C.D.A. General Account		500.00
		\$1,297.99

DISBURSEMENTS

Trust company's fees to December 31, 1962		38.27
Transfers to C.D.A. General Account (including \$120.49 remitted by National Trust Company, Limited on December 31, 1962)		604.07
Cash in trust company, December 31, 1962		655.65
		\$1,297.99

Appendix E

STATEMENT ON FLUORIDATION

- Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and
- Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and
- Whereas such studies reveal that the use of fluoride in the recommended amount of one part of fluoride to one million parts of water causes no ill-effect and is effective in reducing tooth decay by approximately two-thirds, and
- Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it
- Resolved that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

Appendix F

*FELLOWSHIPS AND STUDENTSHIPS 1963**A. Reprints*

<i>Grantee</i>	<i>Reference</i>	<i>Amount</i>
E. P. Harvold and G. Poyton, Univ. of Toronto.	To purchase 200 reprints "A Syndrome Dual Bite Associated with Open Bite". Journal of the Canadian Dental Association, 28: 617-626, 1962.	33.97

B. Fellowships

<i>Grantee</i>	<i>Purpose</i>	<i>Amount</i>
R. N. Jack, Toronto, Ont.	For study leading to the Master of Science in Dentistry degree at the University of Toronto in the field of Biometrics under the direction of Dr. R. M. Grainger, Division of Dental Research, Faculty of Dentistry, University of Toronto.	2,815.00
R. D. Leuty, Toronto, Ont.	Expenses while carrying out a study in orthodontics for the Dental Services Committee of the Canadian Dental Association.	35.65
F. W. Lovely	Fees and travel for a programme leading to the Master of Science Degree in the field of Oral Surgery to prepare for teaching on a full-time basis at the Faculty of Dentistry, Dalhousie University. Study will be carried out in the Oral Surgery Department of the University of Michigan.	1,600.00
Total		<u>\$4,450.65</u>

C. Studentships

<i>Grantee</i>	<i>Sponsor</i>	<i>Time</i>	<i>Amount</i>
Bowler, D. L. U. of Man. (II Year)	Dr. C. M. Dowse, Department of Oral Biology, University of Manitoba.	3 mo.	855.00
Chin, D. C. McGill Univ. (II Year)	Dr. E. A. Hosein, Department of Biochemistry, McGill University.	3 mo.	855.00
Cross, R. G. U. of Toronto (III Year)	Dr. D. G. Woodside, Department of Orthodontics, Univ. of Toronto.	2 mo.	610.00

RESEARCH

Freedman, G. L. McGill Univ. (III Year)	Dr. E. A. Hosein, Department of Biochemistry, McGill University.	3 mo.	915.00
Harney, F. O. E. Dal. Univ. III Year	Dr. J. G. Aldous, Department of Pharmacology, Dalhousie University.	3 mo.	915.00
Lawlor, R. Univ. of Mont. (II Year)	Dr. V. Fredette, Department of Bacteriology, Univ. of Montreal.	3 mo.	855.00
Le Buis, J. J. Univ. of Mont. (III Year)	Dr. P. Bois, Department of Phar- macology, University of Montreal.	3 mo.	915.00
Unterschultz, G. U. of Man. (II Year)	Dr. F. J. Marshall, Department of Oral Biology, University of Mani- toba.	2½ mo.	712.50
Weinstock, M. U. of Toronto (III Year)	Dr. J. Dale, Division of Dental Research, University of Toronto.	2 mo.	610.00
Williams, T. U. of Toronto (II Year)	Dr. G. Connell, Department of Biochemistry, Univ. of Toronto.	3 mo.	855.00
Total			<u>\$8,097.50</u>

Appendix G

CANADIAN DENTAL ASSOCIATION STUDENTSHIPS 1948-1963

<i>Year</i>	<i>Graduate</i>	<i>Undergraduate</i>	<i>Total</i>
1948	1,400		1,400
1949	2,300		2,300
1950	2,300		2,300
1951	3,800		3,800
1952	1,700		1,700
1953	1,200		1,200
1954	3,700		3,700
1955	2,100	1,000	3,100
1956	5,600	400	6,000
1957	5,700	900	6,600
1958	12,400	4,500	16,900
1959	3,900	3,200	7,100

RESEARCH

1960	2,500	5,400	7,900
1961	4,000	6,900	10,900
1962		7,020	7,020
1963	4,451	8,097	12,548
Totals	\$57,051	\$37,417	\$94,468

COMMENT AND ACTION

1. Noted and we request the chairman to express the appreciation of the Board to the retiring members of the Council.
2. Approved.
3. The Council is to be commended for the excellent report on radiation hazards.
4. (a) (b) (c) Information.
(d) We agree.
(e) Approved.
5. (a) Information.
(b) Approved.
(c) Noted.
6. Agreed.
7. Noted with interest.
8. (a) (b) Approved.
(c) Information.
9. Approved.
10. We gratefully acknowledge this contribution.
We recommend the adoption of the report.

APPROVED

MEMBERS: *Owen J. Yule, Chairman, Toronto. Ont.; A. L. MacIsaac, Charlottetown, P.E.I.*

REPORT

1. His Excellency Bishop Marrocco.

The Board of Governors of the Canadian Dental Association wishes to convey to you its sincere thanks for your Invocation at its opening session.

2. Dr. J. D. Purves, General Chairman, 1963 Convention Committee, Toronto, Ontario.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. J. D. Purves and all the members of the Convention Committee a sincere vote of thanks for the splendid clinical and social program and for the meticulous arrangements made for the 1963 Convention program.

3. To the President of the C.D.A., Dr. M. V. J. Keenan and Mrs. Keenan.

The Board of Governors of the Canadian Dental Association wishes to convey its sincere thanks to Dr. and Mrs. M. V. J. Keenan for the most delightful reception enjoyed by the delegates and their wives at the Granite Club.

4. To the President of the Ontario Dental Association, Dr. L. E. Hastings.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. L. E. Hastings and all members of the Ontario Dental Association its most sincere thanks for their kindness and cooperation in making our joint meeting in Toronto May 19-22 such an outstanding success.

5. To Mrs. J. D. Purves, Chairman of the Ladies Committee, Toronto, Ontario.

The Board of Governors of the Canadian Dental Association wishes to express their most sincere appreciation of the program arranged by your committee for the ladies' entertainment during the Board of Governors meeting and the Convention.

6. To Mrs. W. W. Philp, Co-Chairman of the Ladies Convention Committee.

The Board of Governors of the Canadian Dental Association wishes to thank you most sincerely for the program arranged by you and your committee for the entertainment of the ladies during the Convention.

7. To Dr. Wah Leung, Dean, Faculty of Dentistry, University of British Columbia.

The Board of Governors of the Canadian Dental Association wishes to convey their congratulations to you on your recent appointment as Dean of the new Faculty of Dentistry, University of British Columbia.

8. To Headquarters Staff, Canadian Dental Association, Mrs. B. I. Brown,

Mr. K. L. Croft, Miss H. Collins, Mrs. O. Costin, Miss H. McLennan, Mrs. H. Appelmann and Mrs. L. Davies.

The Board of Governors of the Canadian Dental Association wishes to convey its sincere thanks to you for your willing cooperation in the many details that have contributed to the smooth operation of this meeting.

9. To the Board of Directors of the Royal College of Dental Surgeons of Ontario.

The Board of Governors of the Canadian Dental Association wishes to extend to you its most sincere thanks for your hospitality and kindness in entertaining for dinner and dancing those attending the Board Meeting and their wives at the Lambton Golf Club on Saturday May 18, 1963.

10. To Dr. R. G. Ellis, Dean, Faculty of Dentistry, University of Toronto.

The Board of Governors of the Canadian Dental Association wishes to express its thanks and appreciation to you and the members of your faculty for arranging an Open House at the Dental Faculty on Tuesday May 21, 1963.

11. Dr. J. W. Clay, Calgary, Alberta.

The Board of Governors of the Canadian Dental Association wish to convey their sincere appreciation to you for making this special journey to assist in the installation of our new President.

12. To Mr. and Mrs. Robert McMichael, Kleinberg, Ontario.

The Board of Governors of the Canadian Dental Association wishes to express its most sincere appreciation for your kindness in entertaining our ladies during the Board of Governors meeting.

13. To the President, Procter & Gamble Co. Canada Limited, Toronto.

The Board of Governors of the Canadian Dental Association wishes to convey to the Procter & Gamble Co. Canada, Limited their appreciation of the contribution made to the clinical program of this convention in arranging for the closed circuit TV and an outstanding clinician.

14. To Dr. H. K. Brown, Dental Consultant, Department of National Health and Welfare.

The Board of Governors of the C.D.A. wishes to record and acknowledge with sincere appreciation the services of Dr. H. K. Brown during his term of appointment as Chief of the Dental Health Division of the Department of National Health and Welfare. His outstanding contributions in the field of dental epidemiological research and his cooperation with and assistance to this association will long be remembered.

ADOPTED

RESOLUTIONS SUBMITTED

Number 1

College of Dental Surgeons of the Province of Quebec

Whereas the O.D.A. will be celebrating its 100th Anniversary in conjunction with the Annual Meeting of the C.D.A. in 1967, and

Whereas Dr. Don Gullett has been closely associated with the development and growth of both organizations for many years, and

Whereas Dr. Gullett is held in great esteem by dentists throughout the world who would wish to honour him in a fitting manner at the termination of his service to the C.D.A., therefore be it

Resolved that Dr. D. W. Gullett be strongly urged to continue in his present capacity as Secretary of the C.D.A. until May 1967 and that appropriate ceremonies be planned during that highly significant Annual Meeting so that Canadian Dentists might have the opportunity of exhibiting the high regard and deep affection which they feel towards him.

COMMENT AND ACTION

We are informed that this resolution represents the unanimous opinion of the Board of the College of Dental Surgeons of the Province of Quebec.

This resolution is received as a gracious tribute to Dr. Gullett and is referred to the attention of the Executive Council.

ADOPTED

Number 2

College of Dental Surgeons of Saskatchewan

That the Council of the College of Dental Surgeons of Saskatchewan urges the Canadian Dental Association to institute its suggested Projection of Activities on Auxiliary Personnel as listed below.

32. Efforts should be made to educate the profession and public in the proper use of the dental hygienist and the dental assistant.
33. Additional schools of dental hygiene should be organized in connection with dental faculties.
34. Organization and institution of programs of training for dental assistants and technicians should be started in technical schools or high schools.
35. All means should be explored in regard to methods of increased usage of auxiliaries before additional duties are assigned.
36. Experimental studies should be conducted in dental schools to determine the maximum utilization of auxiliary personnel.

COMMENT AND ACTION

32. This is dealt with in the report of Auxiliary Services under numbers 11 and 16.
33. Concur. Dealt with in the report of Auxiliary Services under number 10.
34. Dealt with in the report of Auxiliary Services under number 11.
35. & 36. Dealt with in the report of Auxiliary Services under number 9, and Council on Education under number 3.

Satisfactory progress is being made in all areas submitted in this resolution under activities of the Auxiliary Services Committee and the Council on Education.

ADOPTED

Number 3

College of Dental Surgeons of British Columbia

Whereas the President's official duties already require him to absent himself from his practice for a significant period during his term of office, and

Whereas the President's duties are becoming more demanding year by year, and

Whereas the President's attendance is desirable at meetings of Bureaux, Councils and Committees of the Association, and

Whereas it is not the wish of the profession to work a financial hardship on its chief officer, be it therefore

Resolved that the Board of Governors of the Canadian Dental Association establish the principle of an honorarium to be paid to the President of the Canadian Dental Association, and further

That the Executive, in consultation with the Treasurer, be empowered to establish, from time to time, the amount of such honorarium.

COMMENT AND ACTION

We approve the principle but suggest that the honorarium be stated to be on an equitable basis and inasmuch as the Treasurer sits on the Executive Council it is not necessary to specify consultation.

ADOPTED

Number 4

Nova Scotia Dental Association

Whereas the Board of Governors of the Canadian Dental Association adopted a resolution at the 1962 Annual Meeting calling for Senior Matriculation or its equivalent as pre-requisite to entrance to the Dental Hygiene course, and

RESOLUTIONS SUBMITTED

Whereas the requirements for matriculation into presently recognized Canadian Universities are now determined by the individual Universities, and

Whereas the C.D.A. resolution in effect dictates entrance requirements to the Universities, which is a most complex area in which we do not have competence, therefore be it

Resolved that the Nova Scotia Dental Association strongly disapproves of the action of the C.D.A. in adopting the said resolution, and further be it

Resolved that the N.S.D.A. is of the opinion that if the C.D.A. considers that the Dental Hygiene programme should be three academic years in length, the C.D.A. should so state.

COMMENT AND ACTION

That the Nova Scotia Dental Association be referred to paragraphs 10 and 16 of the Report of the Council on Education.

ADOPTED

Number 5

Manitoba Dental Association

That the Manitoba Dental Association request the Board of Governors of the Canadian Dental Association to recommend to the National Dental Examining Board that although we are aware of the many problems concerned, that further efforts be directed to developing conjoint examinations, and that the Council on Education be asked to also support this matter in principle.

COMMENT AND ACTION

We recommend:

That this resolution be referred to the C.D.A. Council on Education and to the National Dental Examining Board for their consideration.

ADOPTED

Number 6

Royal College of Dental Surgeons of Ontario

That the Board of Directors of the Royal College of Dental Surgeons of Ontario endorse the creation of a projected Royal College of Dentists of Canada to establish and maintain criteria for specialty certification, and further

That this Board would support this principle and be prepared to offer, on an equitable basis, financial assistance to help assure the success of the Royal College of Dentists in Canada.

COMMENT AND ACTION

We are delighted with this declaration of support.

ADOPTED

Number 7

Alberta Dental Association

That the Alberta Dental Association approach the Canadian Dental Association with a view to renegotiation of the Department of National Health and Welfare Dental Fee Schedule.

(This resolution refers specifically to Indian Dental Health Services.)

COMMENT AND ACTION

1. The C.D.A. has made repeated approaches to the federal government through the Department of National Health and Welfare to point out the inadequacies of dental treatment services available to the Indian population in Canada, and to suggest areas for improvement.
2. The low fee structure allowed by the federal government for dental services to Indians is recognized as one of the chief reasons for the inadequate services.
3. A resume of dental services for the Northern Indians was reported in the Journal of the Canadian Dental Association Special Memorandum — entitled New Indian and Northern Health Services Dental Fee Schedule — Policy and Procedure, J.C.D.A. Vol. 26, No. 12, p. 724, December 1960 and is given as a reference of the present situation with regard to the provision of dental services to the Northern Indians in Canada.
4. The C.D.A. will continue to take advantage of each opportunity to have these services improved in every way possible.

ADOPTED

REPORT

1. Traditionally the image of a health profession has been established by the educational standards, the participation in research activities and the character of actual practice by the profession. To a considerable measure the dental profession has built its own reputation based upon these three foundations. Furthermore, the profession made its own decisions for advancement and in general the public accepted the decisions.

2. The position has altered considerably in recent years and indications are that there will continue to be changes, probably more rapid in nature than in the past. The public is insistent upon having more to say respecting all that appertains to the rendering of health services. Decisions made by a profession alone are not accepted on the same basis as a few year ago. The general public take for granted that high standards of education will prevail; that the results in research will be forthcoming and that excellence in practice will continue to exist. The image of dentistry will depend more on how the dental profession deals with social pressures.

3. Negotiation has been the order of the day in most activities. Health services are becoming subject to negotiation. A health profession can find its position awkward during a process of negotiation. The essential point is one of responsibility. For a profession to be asked to accept responsibility for the provision of impossible services or services under conditions detrimental to the services, places the profession in an intolerable position. The dental profession can only agree to accept responsibility for services which can be satisfactorily performed; and this in fairness to the public concerned. Such situations can be a factor in causing a fluctuating image of the dental profession.

4. No definite date has been announced for the publication of the report of the Royal Commission on Health Services. The Association has continued to furnish requested information to the Commission. For the most part this information has been in further explanation of statements made in the submitted brief. Of course the content of the report respecting dentistry is unpredictable.

5. Dental personnel in Canada has achieved a new high mark in that there are now 6,000 Canadian dentists. The increase during the year 1962 nearly kept pace with the increase in population. The population increased 1.8 per cent and the number of dentists increased 1.6 per cent. The result is a dentist/population ratio practically the same as for the preceeding year 1961, being approximately one dentist to 3,100 people.

6. The public health measure of fluoridation of water supplies was initiated by the dental profession and there is obligation for strong and continuing leadership. As of January 1st, 1963, the Bureau of Economic Research

reports that over two million Canadians, or 11% of the population, living in 129 communities, are drinking fluoridated water. This is an increase of 35 percent over the same date in 1962. The increase is most creditable not only to those societies and individual dentists who succeed but also to those who lost out in their efforts. The Association is endeavouring to be helpful in every possible way to societies in their efforts. The attitude and support of the profession to this measure has brought increased stature to dentistry. It constitutes strong evidence of the profession's interest in public welfare. Reinforcement of the effort by dentistry is the requirement.

7. Since the last meeting two or three highlights have occurred in the area of education. Dr. John B. Macdonald, a Toronto graduate in 1942, was appointed President of the University of British Columbia, bringing honour to the dental profession. Progress has been made in the establishment of a dental faculty at University of British Columbia with the appointment of Dr. Wah Leung, a graduate of McGill, as dean. During the recent session of the Saskatchewan Legislature a resolution was unanimously adopted to build a dental school at University of Saskatchewan. In Ontario a survey has been made respecting the establishment of a second dental school in that province. The establishment of the Canadian Fund for Dental Education is a vital move in support of a rapidly expanding program of dental education in Canada. The fund needs your support.

8. During the year I have had opportunity of discussing with a considerable number of other secretaries of national dental associations the current problems of dentistry. In those countries which have established compulsory service plans and in those which have not, problems of a socio-economic nature are most prevalent. To some it may seem strange that through necessity the headquarters personnel of dental associations has been increased considerably in those countries possessing compulsory health plans. This is of necessity, because the problems of the profession increase in size and number under such condition. Abundant advice is given to be prepared for any indicated eventuality.

9. This Association has attempted in every way possible to urge preparatory measures. If such measures are not utilized little will be lost but the trends of the day strongly indicate the necessity. If the dental profession is to retain some measure of control of its own services, need for administrative organization and a definite basis of payment are essential. The policy of administration through a dental service corporation has been adopted long since. The Association strongly recommends the establishment of one provincial fee schedule in each province which is real, not suggested, minimum, or with other qualification. Until these matters are in order the dental profession is ill-prepared to enter into contract for its services.

10. The Association is blessed with a loyal staff who are willing and anxious to serve the interests of dentistry. On their behalf I express appreciation to the officers and members who have cooperated so faithfully during the year.

SECRETARY

COMMENT AND ACTION

1. Noted.
- 2-3. Agreed.
- 4-5. Information.
6. Agreed.
- 7-8. Information.
9. Noted.
10. The Association records its deep appreciation to the headquarters staff for the valuable services they render.
We recommend the adoption of the Secretary's report.

ADOPTED

MEMBERS: *M. A. Rogers, Chairman, Montreal, P.Q.; P. J. Gitnick, Montreal; J. J. McCarthy, Montreal; H. T. Oliver, Montreal.*

REPORT

1. At the 1962 Annual Meeting of this Board, the proposed Act to incorporate The Royal College of Dentists of Canada was approved with the directive that legislation should be sought, at the earliest possible moment, to incorporate such a College.

2. This committee has worked diligently with the Executive towards the implementation of this directive. It will surprise no-one that many problems must be met and solved in the realization of such an undertaking. This is an involved task and takes time. One thing which is most encouraging and of paramount importance, is the growing interest in and support for the College. Tangible evidence of this has been received from the Canadian societies of the specialties recognized by the Canadian Dental Association, from the 1962 Secretaries' Conference and from many individuals. Much of the credit for this growing interest goes to the Editor for his excellent coverage in the Journal and to the President and Secretary in their many personal appearances before organized groups.

3. At the 1962 meeting, the Board directed this committee to submit to the Executive a tentative budget and a model set of by-laws and recommended that avenues of subsidy be studied. The Chairman of this committee appeared before the Executive on February 11th, 1963 to report progress as follows:

- (a) By-laws — An outline of proposed by-laws was presented
- (b) Budget — Proposals for the financial management of the College both initially and for subsequent years were given
- (c) Gown — A specimen gown was shown for approval
- (d) Diplomas — Specimen diplomas, in Latin, were shown and translations in French and English were provided
- (e) Seal — The artist's final draft of the College Seal was shown.

4. The resultant action on these matters will be reported by the Executive. Suffice it here to say that this committee was encouraged by the Executive Council's decision to proceed and to give financial support for incorporation and to the initial phase of operation of the College.

5. *Subsidy*

This committee agrees with the expressed feeling of the Executive that subsidy from outside sources should not be sought. We believe that with some financial help from this association at the outset, the College can and should maintain itself.

6. (a) The greatest problem which confronts us, at this time, is that of standards of qualification for membership.

SPECIALISTS AND SPECIALIZATION

(b) Of paramount importance is the fact that the College must establish and eventually raise the standards of specialization. It must concern itself with all of the specialties recognized by the Canadian Dental Association in all areas of Canada. The provincial bodies have, through their secretaries, declared themselves willing to consider accepting the standards established by the College. All provincial bodies recognize the need for such a College in determining standards for specialization and in ascertaining who has met these standards. This need must be met and to do so the College must, in time, envelop all specialists practising in Canada.

(c) Our standards must equate to those of existing American Boards if our Fellowship is to infer comparable status and achieve proper recognition. Only a small percentage of American specialists are diplomates of American Boards. The remainder are members of the appropriate society. Membership in American Boards is awarded, on proof of ability, at a specified time following admission to the practice of a specialty.

(d) To achieve the same ends here, the College proposes to admit to certifying examinations those who have completed recognized formal training in the specialty concerned. If successful, the candidate will be awarded a certificate which, hopefully, will be recognized by each province. Such certificates will not confer membership (Fellowship) in the College. Holders will not have any vote in the affairs of the College, but will be admitted to its scientific meetings.

(e) At a later date (one to three years following certification) the candidate may present himself for the higher category of Fellowship. Admission to Fellowship shall be by examination, the candidate presenting at that time such case reports, models, photographs etc. as may be required by the examiners.

(f) The detailed requirements for admission to certification or Fellowship in each specialty must eventually be determined by the Council acting in cooperation with the Canadian society of that specialty.

7. (a) Much remains to be done. New problems will arise and must be solved. We believe that we have the basic principles of a workable plan. We believe that the College can function on a financially sound basis.

(b) It is difficult to predict just when our plan will be realized. We must not yield to hasty decisions, but rather, we must be sure that our plan is feasible and will serve its intended purpose from the outset.

8. *Prosthodontics*

The committee was advised in June 1962 of the formation, on May 24th, 1961, of a Canadian Academy of Prosthodontics. We commend this forward move and shall watch, with interest, the progress of this new venture.

COMMENT AND ACTION

1. Information.
2. Gratifying information.
- 3-4. Information.
5. Agreed.
6. Agreed.
7. (a) Information.
(b) Agreed.
8. Information.

We recommend the adoption of the report of the Specialists and Specialization Committee.

APPROVED

REPORT

1. I would bring to your attention an error which developed in the printing of the financial statement for the year 1961 as it appears in the 1962 Transactions of the association.

2. On page 169, under Revenue, the following items should appear.

(a) National Convention 1961	\$ 3,167.85
(b) Sales of pamphlets, reports	14,152.40
(c) Sundry Revenue	560.00

Total	\$17,880.25
-------------	-------------

3. The above total added to the Revenue item on page 169 in the amount of \$201,847.00 gives a total of \$219,727.25.

4. The three items mentioned above are to be deleted from the Expenditure items on page 170 of the Transaction.

5. It is difficult to see how this came about as the statement was correct when proof read and the conclusion is that three lines of type fell out of the galley and were put back in the wrong place. Correction has been made in the official copies of the Transactions.

6. Bonds

\$15,000 of 5½ % Dominion Government Bonds maturing October 1st, 1962 were called in June 30th. The privilege of converting these into 1957's at the same rate of interest was offered and the transfer was carried out. The original purchase price of these bonds was \$14,955.00. They were sold for \$15,022.50 giving a profit of \$67.50.

Maturities for 1963 consist of two bonds —

\$ 500.00 Province of Quebec — Reserve Fund

\$1,000.00 Province of Quebec — War Memorial

Secretaries' Conference

7. The 1962 Conference was held at the Headquarters on December 3rd, 4th and 5th. Financial arrangements were on the same basis as the previous ones.

8. The 1963 Conference is to be held in Montreal on December 2nd, 3rd and 4th.

Grants

9. Word has been received from the province of Alberta that in 1963 their annual grant to the association will be on the basis of \$40.00 per member. This will make one alteration in the budget for 1963.

10. For the year 1963 all provinces will be paying on the above basis with the exception of Quebec.

11. *Headquarters Property*

Word has been received that, finally, authorization has been granted for an addition to the present building. It is quite possible that actual construction will be underway by the time the Board of Governors is in session. Also, some estimates of the total costs should be available.

12. *Royal College of Dentists*

The estimated amounts of money involved in the establishment and operational expenses of such a body is of considerable magnitude. At the February meeting of the Executive Council a resolution was passed that (a) the association underwrite the expense involved in obtaining incorporation (estimate \$4000) (b) the association convene the initial meeting of the Council of the College (estimate \$3,120).

13. *Fund for Dental Education*

The money for the initial meeting of the Board of Trustees of the Fund was taken from the contingency fund of the C.D.A. The Executive Council approved of a grant of \$5,000.00 to the fund from the 1963 budget.

14. *Canadian Dental Nurses and Assistants Association*

A letter from Miss Marilyn Graham, immediate past president of the association, was received during the year asking for assistance in the form of a yearly grant to help with the convention expenses of the group. The Executive Council agreed to a grant of \$300 on an annual basis from the funds of the C.D.A.

15. Further adjustments have been made in the budget items to fully comply with the advice in the Thorne Group report.

16. The auditors Financial Statement for 1962 appears as Appendix A and is approved by the Executive Council.

17. The firm of Thorne, Mulholland, Howson and McPherson were appointed auditors for 1963 by the Executive Council.

18. Comments on the financial statement appear as Appendix B.

19. The list of bonds held by the association appears as Appendix C.

20. Budget askings for 1964 appear as Appendix D.

21. The budget for 1964 appears as Appendix E.

AUDITOR'S REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1962 and the statements of revenue and expenditure for the year ended on that date. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion the accompanying balance sheet and related statements of revenue and expenditure present fairly the financial position of the Association as at December 31, 1962 and the results of its operations for the year ended on that date, on a basis consistent with that of the preceding year.

THORNE, MULHOLLAND, HOWSON & MCPHERSON,

Chartered Accountants

Toronto, Canada,

January 21, 1963.

BALANCE SHEET

December 31, 1962

*ASSETS**General Account:*

Cash	\$ 99,991.86		
Accounts receivable	1,768.19		
Prepaid expenses and air travel deposit	5,277.40		
Land, 234 St. George Street, Toronto, at cost	5,100.00		
Building, 234 St. George Street, Toronto, at cost	\$ 68,111.26		
<i>Less</i> Accumulated depreciation	20,279.56	47,831.70	
Furniture and fixtures, at cost	44,952.32		
<i>Less</i> Accumulated depreciation	30,024.55	14,927.77	\$174,896.92

War Memorial Award Fund:

Cash	543.05		
Government and government guaranteed bonds, at cost (market value \$7,838.75)	8,420.37		
Interest accrued on bonds	82.81	9,046.23	

The Grieve Memorial Lectureship Fund:

Cash	189.22		
Government and government guaranteed bonds, at cost (market value \$5,118.75)	5,348.13		
Interest accrued on bonds	74.58	5,611.93	

Library Trust Fund:

Cash	1,550.72		
Books	9,395.70		
<i>Less</i> Accumulated depreciation	9,394.70	1.00	1,551.72

Reserve Fund:

Cash	106,912.69		
Receivable from General Account	7,892.00		
Government and government guaranteed bonds, at cost (market value \$116,015.00)	121,502.25		
Interest accrued on bonds	1,649.96	237,956.90	

Employees' Pension Account:

Cash		2,782.54	
			<u>\$431,846.24</u>

TREASURER

LIABILITIES

General Account:

Accounts payable to suppliers	\$ 4,034.83		
Payable to Reserve Fund	7,892.00	\$ 11,926.83	
Surplus, December 31, 1961	135,110.33		
Transfer from Dental Research Fund	1,124.00		
Transfer from Council on Education	4,894.35		
Transfer from Council on Journalism	13,252.83		
Surplus for year 1962	8,588.58	162,970.09	\$174,896.92

War Memorial Award Fund:

Surplus, December 31, 1961	9,030.04		
Surplus for year 1962	16.19		9,046.23

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1961	5,605.11		
Surplus for year 1962	6.82		5,611.93

Library Trust Fund:

Accounts payable	192.45		
Surplus, December 31, 1961	1,967.95		
Deficit for year 1962	608.68	1,359.27	1,551.72

Reserve Fund:

Surplus, December 31, 1961	214,987.56		
Surplus for year 1962	22,969.34		237,956.90

Employees' Pension Account:

Account payable	2,626.73		
Surplus, December 31, 1961	119.21		
Surplus for year 1962	36.60	155.81	2,782.54

\$431,846.24

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE

REVENUE

Grants from corporate members:

British Columbia	\$ 26,840.00
Alberta	11,575.00

TREASURER

Saskatchewan	7,480.00	
Manitoba	10,800.00	
Ontario	101,840.00	
Quebec	34,925.00	
New Brunswick	4,000.00	
Nova Scotia	8,232.00	
Prince Edward Island	1,180.00	
Newfoundland	1,280.00	\$208,152.00
National convention, 1962		3,491.45
Advertising, CDA Journal		60,123.75
Subscriptions, CDA Journal		1,202.21
Sale of publications, other than Journal		11,810.21
Council on Research:		
Donations	6,000.00	
Transfer from The Canadian Dental Research Foundation	590.53	6,590.53
Associate membership		647.65
Sundry revenue		120.91
		<u>\$292,138.71</u>

EXPENDITURE

Councils, Committees, Bureaux:		
Journalism	63,372.72	
Education	5,599.29	
Research	14,809.83	
Public Information	6,313.99	
Others	1,835.84	91,931.67
Federation Dentaire Internationale		1,360.68
Grant to Library Trust Fund		1,000.00
Grant to Canadian Fund for Dental Education ..		5,000.00
Transfer to The Canadian Dental Research Foundation		500.00
Salaries		83,213.44
Officers' and employees' pension plan		8,157.78
Unemployment insurance		402.67
Health insurance		1,060.70
Expense reimbursements		13,363.54
Annual meeting		17,180.78
Legal and audit		1,250.00

TREASURER

Contingency Fund	473.01
Publication expenses, other than Journal	26,444.75
Translations	1,050.00
Office supplies and miscellaneous expenses	3,620.86
Telephone and telegraph	1,047.68
Postage	3,045.34
Depreciation, building	1,702.78
Depreciation, furniture and fixtures	2,632.22
Repairs and maintenance	856.35
Transfers to Reserve Fund	15,000.00
Insurance	859.85
Light, water and power	1,244.66
Taxes	1,151.37
	283,550.13
<i>Surplus for year, after giving effect to the transfer of \$15,000.00 to Reserve Fund</i>	<i>8,588.58</i>
	<u><u>\$292,138.71</u></u>

WAR MEMORIAL AWARD FUND STATEMENT OF REVENUE AND EXPENDITURE REVENUE

Bond interest	\$305.00
Bank interest and exchange	11.19
	<u><u>\$316.19</u></u>

EXPENDITURE

Essay awards	\$300.00
<i>Surplus for year</i>	<i>16.19</i>
	<u><u>\$316.19</u></u>

THE GRIEVE MEMORIAL LECTURESHIP FUND STATEMENT OF REVENUE AND EXPENDITURE REVENUE

Bond interest	\$245.00
Bank interest	6.82
	<u><u>\$251.82</u></u>

EXPENDITURE

Orthodontic Section of Canadian Dental Association	\$245.00
Surplus for year	6.82
	<u>\$251.82</u>

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
REVENUE

Grant, Canadian Dental Association, from General Account	\$1,000.00
Donations	65.15
Bank interest	55.66
	<u>\$1,120.81</u>

EXPENDITURE

Binding books, journals, etc	\$ 923.23
Depreciation, books	805.41
Bank charges	.85
	1,729.49
Deficit for year	608.68
	<u>\$1,120.81</u>

RESERVE FUND
STATEMENT OF REVENUE

Transfers from General Account	\$15,000.00
Interest on bonds	5,595.00
Bank interest	2,306.84
Profit on sale of bond	67.50
Surplus for year	<u>\$22,969.34</u>

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE

Bank interest	\$36.60
Surplus for year	<u>\$36.60</u>

Appendix B

COMMENTS ON FINANCIAL STATEMENT

1. A surplus of \$8,588.58 for the year after a transfer of \$15,000 to the Reserve Fund.
2. The 1962 Convention in Vancouver contributed \$3,491.45 to the C.D.A. Our estimated revenue from this source was \$1,000.00.

TREASURER

3.	Cash on Hand and in Bank, Dec. 31, 1961	\$ 63,262.52
	Cash on Hand and in Bank, Dec. 31, 1962	99,991.86
	Total Revenue in 1961	219,727.25
	Total Revenue in 1962	292,138.71
4.	<i>Grants from Provinces</i>	
	1961	\$201,847.00
	1962	208,152.00
5.	<i>Bond Interest (Reserve Fund)</i>	
	1961	\$ 5,687.29
	1962	5,595.00
	1961 Bank Interest	944.21
	1962 Bank Interest	2,306.84
6.	<i>Reserve Fund</i>	
	Amount placed in fund in 1961	\$ 47,131.50
	Amount placed in fund in 1962	22,969.34
	Total in Reserve Fund Dec. 31, 1962	237,956.90
	of the latter figure \$106,912.69 is in cash	

Appendix C

Government and Government Guaranteed BONDS

RESERVE FUND

Government of Canada

	Par	Paid
5½ % Oct. 1, 1975	\$ 15,000.00	\$ 15,000.00
3¼ % June 1, 1976	1,000.00	990.00
3¼ % June 1, 1976	2,000.00	1,997.50
3¼ % Oct. 1, 1979	1,000.00	972.50
3¼ % Oct. 1, 1979	10,000.00	9,750.00
3¼ % Oct. 1, 1979	5,000.00	4,550.00
3¾ % Jan. 15, 1978	10,000.00	9,650.00
5½ % Apr. 1, 1969	15,000.00	14,737.50

Province of Ontario

4% Jan. 1, 1966/68	1,000.00	997.50
3% Sept. 1, 1965	4,000.00	4,000.00
4¼ % May 15, 1971/74	3,000.00	3,000.00
5% July 15, 1975	15,000.00	14,850.00
4¼ % May 15, 1971/74	2,000.00	2,012.50

Province of Quebec

3% Oct. 1, 1963	500.00	500.00
4% Apr. 15, 1966	1,000.00	995.00
5¾ % Feb. 1, 1986	5,000.00	4,962.50

TREASURER

	<i>Par</i>	<i>Paid</i>
<i>Province of British Columbia</i>		
3% June 15, 1964	500.00	491.25
<i>Province of Prince Edward Island</i>		
4¼ % Dec. 1, 1967	1,000.00	993.75
<i>Province of New Brunswick</i>		
3¾ % Apr. 15, 1970	1,000.00	987.50
<i>Province of Nova Scotia</i>		
5% Dec. 15, 1973	5,000.00	4,962.50
<i>Alberta Government Telephone Debentures</i>		
4¼ % July 2, 1978	2,000.00	1,960.00
<i>Hydro-Electric Power Commission of ONTARIO (Guaranteed by Province)</i>		
4¼ % July 15, 1969	2,000.00	1,985.00
3% Apr. 1, 1968/70	500.00	498.75
4¾ % Aug. 15, 1975	2,000.00	1,940.00
5% Nov. 15, 1976	5,000.00	4,975.00
5% Oct. 15, 1978	5,000.00	4,925.00
<i>QUEBEC Hydro-Electric Commission (Guaranteed by Province of Quebec)</i>		
5% Nov. 15, 1982	1,000.00	983.50
<i>Canadian National Railways (Guaranteed by Government of Canada)</i>		
3¾ % Feb. 1, 1972/74	3,000.00	2,985.00
4% Feb. 1, 1981	5,000.00	4,850.00
As of December 31, 1962	<u>\$123,500.00</u>	<u>\$121,502.25</u>
<i>GRIEVE MEMORIAL LECTURESHIP FUND</i>		
<i>Government of Canada (Conversion Loan)</i>		
4½ % Sept. 1, 1983	\$3,500.00	\$3,408.13
4½ % Sept. 1, 1983	1,000.00	935.00
<i>Hydro-Electric Power Commission of ONTARIO (guaranteed by Province)</i>		
4¼ % Nov. 1, 1964/67	1,000.00	1,005.00
As of December 31, 1962	<u>\$5,500.00</u>	<u>\$5,348.13</u>

TREASURER

WAR MEMORIAL SCHOLARSHIP FUND

<i>Government of Canada (Conversion Loan)</i>	<i>Par</i>	<i>Paid</i>
4¼ % Sept. 1, 1983	\$2,500.00	\$2,621.87
<i>Province of Ontario</i>		
3% April 15, 1965	1,000.00	997.50
4¼ % May 15, 1971/74	1,000.00	1,006.25
<i>Province of Quebec</i>		
3% Oct. 1, 1963	1,000.00	925.00
<i>Province of Manitoba</i>		
3% Feb. 15, 1967	1,000.00	993.75
<i>Province of Nova Scotia</i>		
3% Dec. 15, 1967	1,000.00	890.00
<i>Hydro-Electric Power Commission of ONTARIO (guaranteed by Province)</i>		
3% Jan. 15, 1968	1,000.00	986.00
As of December 31, 1962	<u>\$8,500.00</u>	<u>\$8,420.37</u>

Appendix D

BUDGET ASKINGS

	<i>1962 Actual</i>	<i>1963 Budget</i>	<i>1964 Asked</i>	<i>1964 Granted</i>
Education				
—Expense re-imbursements	\$ 3,751.47	\$ 4,750	\$ 3,550	\$ 3,550
—Publications (other than Journal)	224.15	1,450	3,200	3,200
—Salaries	1,400.00	1,000	1,000	1,000
—Office Supplies and Expenses ..	223.67	—	750	750
	<u>5,599.29</u>	<u>7,200</u>	<u>8,500</u>	<u>8,500</u>
Executive				
—Expense re-imbursements	2,041.74	2,500	2,500	2,500
Journalism				
—Salaries	15,025.00	18,600	19,000	19,000
—Expense re-imbursements	1,354.09	3,050	1,850	1,850
—Office Expenses	895.67	1,000	1,200	1,200
—Printing	35,995.15	39,000	42,000	42,000

TREASURER

	<i>1962 Actual</i>	<i>1963 Budget</i>	<i>1964 Asked</i>	<i>1964 Granted</i>
—Commissions	20,863.22	23,000	25,500	25,500
—Cuts and Postage	3,064.59	3,200	3,200	3,200
—Sundry	—	—	1,000	1,000
	77,197.72	87,850	93,750	93,750
Legislation				
—Expense re-imbursement	25.00	25	500	500
Public Health				
—Expense re-imbursement	550.00	750	750	750
—Publications other than Journal	450.00	3,000	1,500	1,500
—Translations	—	—	2,500	—
—Office expense	500.00	1,500	—	—
	1,500.00	5,250	4,750	2,250
Research				
—Expense re-imbursement	59.83	100	300	300
—Studentships	8,750.00	10,900	11,900	11,900
	8,809.83	11,000	12,200	12,200
Auxiliary Services				
—Expense re-imbursement	—	1,500	1,000	1,000
—Publications other than Journal	—	—	500	500
	—	1,500	1,500	1,500
Dental Services				
—Expense re-imbursement	966.05	1,200	800	800
—Office Expenses	—	—	2,250	2,250
—Postage	—	—	500	500
—Publications (other than Journal)	—	—	250	250
—Sundry	—	—	400	400
	966.05	1,200	4,200	4,200
Headquarters Property				
—Repair and maintenance	856.35	2,000	2,000	2,000
—Taxes	1,151.37	1,200	1,200	1,200
—Salaries	700.00	700	700	700
—Light, heat and water	1,244.06	1,450	1,450	1,450
—Office expenses	—	300	—	—
—Insurance	859.85	1,000	—	—
	4,811.63	6,650	5,350	5,350

TREASURER

	<i>1962 Actual</i>	<i>1963 Budget</i>	<i>1964 Asked</i>	<i>1964 Granted</i>
Hospital Services				
—Expense re-imbursement	45.00	75	75	75
—Sundry	—	25	25	25
	45.00	100	100	100
Specialists and Specialization				
—Expense re-imbursement	61.10	300	3,420	3,420
—Incorporation	—	—	5,000	5,000
	61.10	300	8,420	8,420
War Memorial Awards				
—Expense re-imbursement	59.50	50	44	50
Library				
—Grant	1,000.00	1,000	1,500	1,500
—Office Expenses	190.01	250	250	250
	1,190.1	1,250	1,750	1,750
Bureau of Public Information				
—Publications (other than Journal	6,313.99	4,700	6,000	6,000
—Expense re-imbursement	—	300	500	500
	6,313.99	5,000	6,500	6,500
Bureau of Economic Research				
—Office expenses	11.50	1,650	1,500	1,500
—Salaries	231.75	850	1,000	1,000
	\$ 243.25	\$ 2,500	\$ 2,500	\$ 2,500

Appendix E

1964 BUDGET

Revenue

	<i>1962 Budget</i>	<i>1962 Actual</i>	<i>1963 Budget</i>	<i>1964 Budget</i>
Grants from Corporate Members				
British Columbia	26,500	26,840.00	26,500	27,000
Alberta	11,000	11,575.00	11,250	18,520
Saskatchewan	7,500	7,480.00	7,500	7,000
Manitoba	10,500	10,800.00	10,500	11,000
Ontario	99,000	101,840.00	99,000	102,500
Quebec	33,500	34,925.00	34,500	35,000

TREASURER

	1962	1962	1963	1964
	<i>Budget</i>	<i>Actual</i>	<i>Budget</i>	<i>Budget</i>
New Brunswick	3,500	4,000.00	3,500	4,000
Nova Scotia	8,100	8,232.00	8,200	8,500
Prince Edward Island	1,250	1,180.00	1,250	1,250
Newfoundland	1,600	1,280.00	1,000	1,300
Advertising C.D.A. Journal	57,000	60,123.75	65,000	69,000
Subscriptions C.D.A. Journal ..	1,000	1,202.21	1,000	1,200
Publications, other than Journal	8,000	11,810.21	8,000	8,000
Annual Convention	1,000	3,491.45	1,000	1,000
Associate Membership	500	647.65	500	500
Sundry	—	120.91	—	—
Council on Research				
donations	—	6,000.00	—	—
transfer from Can. Dental				
Research Foundation ..	—	590.53	—	—
Totals	\$269,950	\$292,138.71	\$278,700	\$295,770
Surplus	—	22,188.71	—	—

1964 BUDGET

Expenditure

	1962	1962	1963	1964
	<i>Budget*</i>	<i>Actual*</i>	<i>Budget*</i>	<i>Budget</i>
Studentships	8,900	8,750.00	10,900	11,900
Journal—printing	36,200	35,995.15	39,000	42,000
—commissions	19,800	20,863.22	23,000	25,500
—cuts and postage	3,000	3,064.59	3,200	3,200
Federation Dentaire				
Internationale	1,350	1,360.68	1,350	1,750
Salaries	87,125	85,045.19	93,865	96,250
Pension Plan	5,000	8,157.78	4,500	8,500
Unemployment Insurance	400	402.67	400	450
Health Insurance	2,200	1,060.70	2,200	2,200
Expense re-imbursements	26,775	22,277.32	22,000	25,000
Annual Meeting	18,000	17,180.78	10,074	18,329
Legal and audit	1,000	1,250.00	1,000	1,250
Publications, other than Journal	27,000	31,137.08	22,000	25,000
Library grant	1,000	1,000.00	1,250	1,500
Translations	1,000	1,050.00	1,000	1,000
Office supplies and expenses ..	9,000	5,441.71	9,000	8,000
Telephone and telegraph	1,000	1,047.68	1,000	1,200
Postage	4,000	3,045.34	4,000	4,000
Insurance	600	859.85	1,500	600
Repairs and maintenance	2,250	856.35	2,000	2,000

TREASURER

	1962	1962	1963	1964
	Budget*	Actual*	Budget*	Budget
Light, heat and water	1,950	1,244.66	1,450	1,450
Taxes	1,200	1,151.37	1,200	1,400
Contingency fund	5,000	473.01	10,000	10,000
Depreciation	5,000	4,335.00	5,000	5,000
Transfer to reserve	10,000	15,000.00	10,000	10,000
Sundry	350	—	350	500
Canadian Fund for D. Ed.	5,000	5,000.00	5,000	—
Transfer to CDRF	—	500.00	—	—
Research Conference	—	6,000.00	—	—
Totals	\$284,100	\$283,550.13	\$286,239	\$307,979
Surplus	—	8,588.58	—	—
Deficit	14,150	—	7,539	12,209
* adjusted to 1964 style	—	292,138.71	—	—

COMMENT AND ACTION

- 1-5. Information.
- 6. Agreed.
- 7-8. Information.
- 9. Noted with appreciation.
- 10-11. Information.
- 12. Agreed. The following resolution is submitted:
Whereas the Canadian Dental Association has been pleased to budget for a grant of \$8,000 for the setting up of the Royal College of Dentists, and
Whereas the Committee on Specialists and Specialization anticipates that the proposed Royal College will eventually be self supporting, therefore be it
Resolved that any further request for funds by the Royal College of Dentists be considered on the basis of a repayable loan, unless otherwise approved by the Board of Governors.

ADOPTED

- 13. Agreed.
- 14. Approved.
- 15-16. Information.
- 17. Agreed.
- 18. Noted.
- 19. Information.
- 20-21. Agreed.
Adoption of the Treasurer's report is recommended.

APPROVED

MEMBERS: *G. Baril, Chairman, Montreal, P.Q.; L. A. Gill, Montreal; M. Lang, Montreal; J. Findlay, Halifax, N.S.; A. Raymond, Montreal.*

REPORT

1. This committee would like to report a unanimous vote of congratulations to Dr. Louis Lepine for the magnificent work he has done while chairman of the War Memorial Awards Committee.
2. The 1962-1963 annual competition was bearing the title "A review of the role of dentistry and its problems under various health and hospitalization plans".
3. Seven entries were received: two from McGill, Toronto, Montreal, and one from Manitoba. All entries were received by March 31st.
4. At this time they were all in possession of the chairman of this committee who then suffered a slipped disc and was immobilized for three weeks, which caused considerable delay in distributing the work to the different individuals concerned.
5. The judges are the same as last year: Dr. Georges Pelletier, Dr. O. Sykora and Dr. H. Muhlstock. They have generously again accepted for a second year the task of correcting the essays.
6. As decided previously, the selection for 1963-64 has already been sent by the Deputy Secretary to the dental faculties.
7. The Executive Council had approved in February the motion that "Management of Dental Emergencies" be chosen as the title for the 1964-65 essay competition and also adopted the report of the War Memorial Awards Committee.
8. It is understood that the Deputy Secretary will send the title of the 1964-65 essay early in the fall to the dental faculties.
9. Since there is now enough advance information on the title of the essay, this committee suggests that the deadline for sending the essays be advanced to March 15 instead of March 31st, thus making it easier for the correctors to meet the deadline.
10. To promote the bicultural aspect of the C.D.A. this committee suggests that a letter of congratulation in French be written when one of the winners is French. This committee is willing to write such a letter if necessary.
11. The names of the winners will appear in appendix A.
12. The reservoir of titles appears in appendix B.

Appendix A

The War Memorial Awards Committee wishes to report that the winners for the 1962-63 competition are:

First Prize — Mr. Pierre Suprenant, University of Montreal

Second Prize — Mr. Claude R. Chicoine, University of Montreal

Once more the essay judged to be the best had to be disqualified by the committee because it was almost six hundred words past the regulation limit.

Appendix B

The reservoir of titles now reads as follows:

1963-64

Title: "The importance of minor tooth movement as a prerequisite for restorative procedures."

Reason: The general practitioner should endeavor to familiarize himself more with minor tooth movement. Its advantages for the improvement of aesthetics and stability in restorative procedures are being more widely recognized and practised.

1964-65

Title: "Management of dental emergencies."

Reason: The dentist in his everyday practice is faced with emergencies of pathologic, painful and aesthetic nature as well as those that may result from operative and post-operative procedures. It is important that he familiarize himself with their management.

(a) Title: A comparative study of the modern concepts of endodontic treatment.

Reason: The average graduate being usually more familiar with a given technique of endodontic therapy, it is very important that he also familiarize himself with the various concepts of treatment that are available today.

(b) Title: A study of the mechanism of calculus formation and its effects on oral health.

Reason: With improved measures in preventive dentistry and in retention of the natural dentition, the problem of calculus is becoming of paramount importance in oral health.

(c) Title: The aetiology and manifestation of temporomandibular joint disturbances.

Reason: The importance of temporomandibular joint in the routine practice of dentistry is too frequently forgotten. An in-

creasing number of difficulties associated with T.M.J. disturbances are being recognized and many of them are associated with aberrations of the masticatory mechanism.

- (d) Title: Philosophy and justification of full mouth rehabilitation.
Reason: The dentist should be fully aware of the scope of full mouth rehabilitation and its implications.

COMMENT AND ACTION

1. Heartily agreed.
 - 2-3. Information.
 4. Noted with regret.
 5. Noted with appreciation.
 6. Information.
 7. Concurred.
 8. Information.
 - 9-10. Approved.
 11. Winners to be congratulated.
 12. We approve.
- We recommend the adoption of the report.

APPROVED

*ANNUAL MEETING
CANADIAN DENTAL ASSOCIATION*

The annual luncheon meeting of the Canadian Dental Association was held in the Concert Hall of the Royal York Hotel, Toronto, commencing at 12.15 p.m., on Monday, May 20th, 1963. The retiring President, Dr. M. V. J. Keenan, of Sudbury, presided.

PRESIDENT KEENAN: Dr. Remy Langlois will lead us in the Invocation.

Invocation, by Dr. Remy Langlois, in French, was followed by a Toast to Her Majesty, the Queen.

PRESIDENT KEENAN: I would like to announce that there is a total attendance of 1160 at the present time — that is as of Monday noon.

Due to the crowded condition of the Royal York Hotel there was one discussion which had to be cancelled that was to have been given by the President of the C.D.A., on how to conduct a dental convention in absentia. That has been cancelled; there is no room.

I call your attention to the list of those present at the head table. If you follow that there will be no individual introductions of the head table guests.

I call your attention to the people sitting on this side of Dr. Gullett: Dr. Kelly, Dr. McIntosh and Mr. Outerbridge, who are taking part in the C.D.A. panel presentation this afternoon and which will be of interest to everybody who is concerned about health services in our present day society. That is not exactly the subject — it is paraphrased — but I do wish you people would turn out. These people have gone to considerable trouble to prepare addresses. This will be at 2.30 this afternoon.

At this time, Ladies and Gentlemen, we are going to have greetings from the official representative of the American Dental Association — Dr. Easton, Vice President of the American Dental Association.

GREETINGS FROM AMERICAN DENTAL ASSOCIATION

DR. EASTON: President Keenan, Distinguished Guests and Members of the Canadian Dental Association: When President Timmons asked me if I would accept the assignment of bringing the greetings of the American Dental Association to this meeting of the Canadian Dental Association at your annual meeting, I seized on this opportunity, well remembering the very pleasant time Mrs. Easton and I enjoyed when at the meeting of the joint boards, held not too long ago in this same hotel. Since my arrival, I want to assure you my official hosts have looked after me very, very well. As soon as I arrived Dr. Leckie contacted me and he has been continuing to look after me very well and I have found him a veritable encyclopaedia in regard

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to anything that relates to dentistry, anything, anywhere in America, not necessarily Canada.

I do want to take this opportunity to refer to a social error for which I apologize. Apparently my hostess was looking after me so well that she missed that moment when she was to have received an award for her exhibit in the Arts and Crafts, and to Mrs. Leckie, my deep apology for being such a nuisance to her. One shouldn't do this to any lady.

The spirit of cooperation which exists between the two Associations has always been constructive and has worked to the benefit of the dental health of our people and the two Secretaries, Dr. Gullet and Dr. Hillenbrand, have worked beautifully to this end.

I realize that the time schedule is tight and I realize while there are many things which I would like to say to you that I am not going to say, I do want you to realize that the 97,000 dentists of America send you greetings, and I want you to realize that any happiness or joy that comes to any of you makes us all glad. I thank you for the pleasure of speaking to you.

(Applause.)

PRESIDENT KEENAN: Thank you very much, Dr. Easton.

At this particular meeting we have the honour of the celebration of the class of 1912. I ask everybody of the class to stand.

I ask everybody of the class of 1923 to stand. Thank you very much. You made that fast.

Now, I want my own class of 1929 to stand up and sit down faster than that.

Now, let my friends from Northern Ontario stand up and sit down.

Ladies and Gentlemen, I attended the meeting of the Canadian Society of Dentistry for Children and Dr. Grainger made a wonderful presentation at which he said he had a job to do; he had plenty to talk about and the audience had to listen and if the audience got through its job before he did his, he would get the situation.

I took that from Dr. Grainger, but he stole a couple from me. So we will get on from there.

PRESIDENT'S ADDRESS

Ladies and Gentlemen: The President is allowed a limited amount of time at this, the official Canadian Dental Association Luncheon, to, as it were, render an account of his stewardship, and I shall try to comply by setting before you some of the important issues which have been considered

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by your Executive Council and the Board of Governors, who have just completed their annual meeting.

First, let me welcome everyone to this, the 62nd convention of the Canadian Dental Association, which is being held in conjunction with the Ontario Dental Association, and to wish you a happy and profitable convention.

It is the custom of the Ontario Dental Association to hold their annual convention each May in this beautiful hotel. Specific dates are arranged years in advance. I wish to express my appreciation for the opportunity of using their pre-arranged accommodations.

I wish also to express my sincere thanks to their convention organization for the assistance which they rendered to the convention general chairman, Dr. Jim Purves. To Jim and his wife, Loy, and to everyone who contributed in any way to bring about this fine result I wish to convey my sincere appreciation.

As is the custom at this luncheon of the national association, I am happy to announce the winners of the essay contest, which is called the Canadian Dental Association War Memorial Award, which was established to honour our colleagues who were killed in two world wars.

This year the title of the essay was "A Review of the Role of Dentistry and its Problems under various Health and Hospitalization Plans," and the winners were:

1st Prize — Mr. Pierre Surprenant, University of Montreal

2nd Prize — Mr. Claude R. Chicoine, University of Montreal

Congratulations to these brilliant students.

Dr. Gullett, our Secretary, was honoured by receiving the William John Gies Award of the American College of Dentists in Miami Beach in November 1962. Earlier this month he received an honorary degree of Doctor of Science from Temple University in Philadelphia during the centennial celebration of the dental school there. (Applause.)

It would be impossible at this time to acquaint you with all the material which was considered by your officers during this past year. However, I would like to touch on some of the more important topics which were dealt with by the various councils and committees in the hope that you will later give these matters the consideration which they deserve. I might at this time urge you all to carefully read the *Transactions of the Canadian Dental Association* which will be sent to you later in September in which the proceedings are recorded in detail.

Royal College of Dentists

As was directed last year by the Board of Governors, the Specialists and Specialization Committee has proceeded with the organization of a Royal

College of Dentists of Canada which will in the near future confer by examination a fellowship on members of our specialty groups. This is indeed a great step forward and is primarily designed to stimulate specialists to greater achievements, as well as contributing to uniformity in specialty requirements in the different provinces in Canada.

Canadian Dental Association Insurance Program

Certain insurance programs have been sponsored by your national body for ten years and a pamphlet describing all such insurances has been mailed to all members. It was considered that this was an appropriate time for a re-examination of our insurance participation.

The Wyatt Company, a recognized independent company in this field of insurance analysis, was engaged to make the investigation. Their findings were very favourable to all Canadian Dental Association insurance plans and I recommend that you read this report in the Transactions.

Council on Hospital Accreditation

The Board of Governors has agreed that Canadian dentistry should be represented on the Hospital Accreditation Council and has authorized your Executive Council to purchase a seat on this Council. This will entail an expense of \$4,000 per annum but it is certainly necessary if we are to progress in this field of our treatment service.

Federal Dental Services

I am pleased to announce that our federal dental services are now duly and properly represented on the Board of Governors. Our confreres who serve in the armed services, the Department of Veterans Affairs, and in National Health and Welfare number 226. They have been most faithful in sending representatives to our annual meetings, and making their contribution, but until now they have not been officially represented by a Governor. My congratulations, and it is my hope that this change will accelerate their interest in the progress of our Association.

Fund for Dental Education

Canada now has a recognized Fund for Dental Education. A Board of Trustees has been chosen which represents all parts of Canada and which will operate under a trust deed to collect and manage moneys which will be used to encourage and foster dental education in this country. The dental trades association, to whom we are most grateful, and your own Association have made substantial initial grants to this Fund. Individuals will also be able to contribute to this worthwhile Fund. They are not barred.

Fee Schedules

A majority of the provinces have agreed that the Canadian Dental Association should work toward recognition of provincial fee schedules by

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the Department of Veterans Affairs rather than the single national fee schedule which applies at the present time. The application of this principle is important in relationship to all future plans for dental services. Some time will elapse before these schedules are firmed and can be put into operation. Since a majority has signified agreement it is my hope that all will comply.

Canadian Dental Association Headquarters

All road blocks have now been removed and, lo and behold, our Canadian Dental Association Headquarters addition is now actually under construction. It is estimated that the building expansion and necessary renovation will be completed before the year end. Now our Association, numbering for the first time over 6,000 members, will be able to point with even more pride to our national home.

Fluoridation

The greatest break-through in the preventive aspect of dentistry in the last quarter century is, no doubt, fluoridation of communal water supplies. It has been my personal pleasure to practise in a community which has enjoyed this advantage for ten years. It is certainly soul-satisfying to see that the citizens of Metropolitan Toronto have chosen by majority vote to include water fluoridation in their public health preventive program. I note with great pleasure that the Board of Governors have passed a motion complimenting the voters of Toronto on their progressive decision.

I have no doubt that I will receive some very nasty letters from those who hold opposite views, but I am rather used to this by now. I would like to say, however, that the news media have been very helpful to the dental profession in conveying to the public our views on fluoridation, and I would like to let them know that their assistance is appreciated.

Brief to Royal Commission

Last year you were informed that much time and energy was expended by our headquarters staff and several self-sacrificing members of our Association in the preparation of a brief which was presented to the Royal Commission on Health Services. Furthermore, we have been led to believe that it was excellently prepared. The Commission report has not been presented to Parliament and will most likely not be completed before the end of 1963. Personally, I think the Royal Commission was timely, and its investigation very thorough, and the many thousands of dollars which have been and will be spent is a justifiable expense. It is disconcerting, to say the least, to find government policy statements on this very subject of health services being made in advance of the presentation of this report.

It would seem logical to assume that a political party could formulate a more practical and even a more acceptable program after having studied

this comprehensive report, than to proceed without a comparable investigation of the facts. Unfortunately, this procedure is not being followed. Your national association will, however, continue to promote the interests of the dental profession in every way possible.

Dental Service Corporations

To retain administrative control of any welfare or prepaid dental program is all-important to us. Administration has to do with how, when, and by whom our profession may be practised. To safeguard our interests in this field, your national Association has many times recommended to the corporate bodies the formation of dental service corporations. In 1958 the Canadian Dental Association President announced that by January 1, 1959, three such corporations would be formed. Unfortunately, his announcement was premature, because today only three dental service corporations are actually formed and another one is well on the way.

Ladies and Gentlemen, this is a provincial matter and a most important one. The Canadian Dental Association is more than willing to assist and has formulated a program to supply necessary information, direction and finances, but the initiative must come from the provincial organizations.

Now, going back a little into history, like Lady Godiva I have now come to my close. (I stole that from Don Gullett but he has lots of them.)

During the past year I have visited and talked to dentists from coast to coast and I have found them in the main to be a happy and an enthusiastic group. Certainly the environment in which dentistry is practised differs from place to place across the country. It is my opinion that the people who cause the differences, or who permit the differences to continue, are the dentists themselves. If any are somewhat dissatisfied with the practice of dentistry in their locality as compared to another, my thought is that the fault can most likely be found within oneself. The practice in any municipality is not static, but moves upward to a happier way of life for patient and dentist or downward to relative unhappiness.

It has been shown that the leadership of one man in a community can start the whole level of the profession on an upward trend. Every individual has a responsibility. It has been said that when one builds reluctantly he is on the verge of tearing down.

Consider the potential force for good public relations if all 6,000 members would enthusiastically convey the message of dentistry to the thousands upon thousands of patients whom we treat and with whom we associate each year.

They are eager to listen and learn, but too often we, the dentists, are too concerned with production and too little concerned with dental health

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education. The proper image of dentistry is best formed by the actions of the individual dentist, supported by our auxiliaries and public health educators and, finally, by the news media.

Let us in the future be mindful of our responsibilities in this regard.

It has been a stimulating and happy experience to have served as President of the Canadian Dental Association this past year, and one which I will long remember. Thank you. (Applause.)

HONORARY MEMBERSHIP

PRESIDENT KEENAN: We come now to a very happy part of our program — the presentation of two Honorary Memberships in the Canadian Dental Association. These are the twenty-second and twenty-third Honorary Memberships.

This is the story of our beloved Harvey W. Reid, who will be honoured, and the second will be Dean A. Clifford Lewis. I will first deal with the biography of Dr. Harvey Reid.

Dr. Reid was born at Varna, Ontario. He doesn't smoke, he doesn't drink, he doesn't like women, . . . Just a minute — that was the wrong one.

It is true he was born. His father looked over the situation and decided he was a little too light for heavy work and a little too heavy for light work so he decided to make a dentist of him.

He graduated in 1917 from the Royal College of Dental Surgeons of Ontario and he practised in Toronto from 1920 on. Previous to that he was in the Canadian Dental Corps, as a Captain.

He was President of the Academy of Dentistry from 1936 through 1937. President of the Royal College of Dental Surgeons of Ontario, 1947-49. He was made a Fellow in Dental Surgery of the Royal College of Surgeons of England in 1949, which was a wonderful honour for Harvey and he interpreted it as being a wonderful honour for Canadian dentistry.

He was a longtime Chairman of the C.D.A. Health Insurance Studies Committee and a member of the Council on Dental Education.

Just last fall when in Miami, Harvey was presented with an Honorary Membership in the American Dental Association.

It would seem peculiar when a man has been so honoured in foreign countries — in England and the United States — if we did not see fit to honour Harvey here. Harvey, will you come forward, and I want to say dentistry has been enriched during your association with the profession. I

guess it is good that you left the farm — I don't know what would have happened to the farm.

It gives me great pleasure to present to you a certificate of Honorary Membership in the Canadian Dental Association. (Applause.)

DR. REID: Mr. Chairman, Distinguished Guests, Ladies and Gentlemen: You have, Mr. President, been very generous in your remarks concerning me and in doing this wonderful honour to me. I want to thank you, Sir, and through you your Board of Governors and all those who have helped make this award possible.

I am happy, too, that you are honouring one of my old friends, Dean Lewis. It has been a great privilege and I assure you it has been an education to work with him these past ten years.

I shall cherish this always, Ladies and Gentlemen. When your colleagues with whom you have worked very closely, and for a long time, are willing to overlook your many shortcomings, then I think the honour becomes doubly valuable, and I certainly appreciate it that much more. I shall always try to be worthy of the honour. Thank you very much. (Applause.)

PRESIDENT KEENAN: Thank you, very very much.

The next man to receive an Honorary Membership in the Canadian Dental Association is not a member of the profession, but a man who has made a contribution to the dental profession in excess of many members of the dental profession. We want to thank him an awful lot for the terrific effect he has had upon the education of dentists in Canada — Dr. A. Clifford Lewis, of whom it is enough said to say he never ran so far on the sand that he couldn't come off on his own steam.

Dr. Lewis was born at Kerwood, Ontario, and received his early education at Strathroy, Ontario.

He graduated from the University of Toronto with his B.A. in 1915, his M.A. in 1920, and his B.Paed in 1934, and his D.Paed in 1940.

He was Dean of the Ontario College of Education from 1944 to 1958, and was President of the Canadian Teachers' Federation in 1937.

He served overseas and was mentioned in despatches from France in 1918.

He has one son, three daughters. He is a Mason and President of the English-Speaking Union, Toronto Branch.

He is an Officer of the Canadian Scholarship Trust Fund and Chairman of the Survey Committee of the Council on Education of the Canadian Dental

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Association since 1950, and it certainly was a lucky day for dentistry in Canada when Dean Lewis said, "Yes, I will try to help you out."

Now, Dean Lewis, it is a pleasure to present this certificate of Honorary Membership to you. It wouldn't be right to have you the chairman of the team and have as your junior member Dr. Harvey Reid, and you without this; so we would ask you to accept this and we hope that it may repay you in a slight way for the wonderful service you have rendered our profession.

(Applause.)

DEAN LEWIS: President Keenan, Distinguished Guests, Ladies and Gentlemen: This is an honour that I dreamed not of. I scarcely know what to say.

I would like to correct one statement about fluoridation. It is true we have fluoridation in Metropolitan Toronto, but the little municipality where Don Gullett and I come from had ten thousand majority for fluoridation and that overcame some of the minority votes in other municipalities of the thirteen. I used to say to my friends as I met them on the road — where I had to meet them because we had no sidewalks there — that one day you must look for fluoridation. It will do me no good, but I am going to vote for it. It will do these little gaffers good who are running around the street and they have no vote.

Whether that had anything to do with the ten thousand majority, I don't know, but I do know it was a godsend for Metropolitan Toronto.

Dr. Reid spoke of his shortcomings. I am not going to speak of them because it is obvious that I have more shortcomings than he has. I do want to say to the dental profession that it has been a wonderful experience for me to have been associated since 1950 with the activities of the Council on Education of the Canadian Dental Association and many times I have thought of the day that Vernon Fisk and Don Gullett came in to see me in my office to ask if I would take part in this Survey. Of course I had to consult the Minister of Education and the President of the University because I realized I would be off duty occasionally, but the first visit or two I had at the schools rather shocked me, because I would be away about a week and then come back and nobody on the staff would have missed me. I thought I might as well stay with the dentists.

I came down to the building today and I read all the bulletin boards and I couldn't find any mention of the C.D.A. and I wondered if I had come to the wrong place. I did find the "O.D.A." and was about to seek where they were quartered when I met Vernon Fisk around the corner and told him my predicament. He said, "Come to the room where you want to go first." The only person who was in the room was President Vincent. Of course he tried to cheer me up in one or two ways and, I may say, successfully performed that operation.

The next person to come in was Don Gullett and I felt the two people who had started me out in this organization were there to see me at this vital moment.

I want to say to the dental people of Canada I have never experienced any achievement in my lifetime that will match what you have done for your organization. You have pulled yourselves up with your own bootstraps. I may have had something to do with it and I am proud to have had something to do with it, but had there not been some marvellous active dentists willing to pull themselves up, this enterprise would not have succeeded as it has. You can look across Canada and you can be proud of the dental schools now operating and I say you may be proud of the wonderful job some of you did in the old buildings. They were dusty and not too up-to-date. If I did anything that helped to get rid of those and bring the dental schools up to date I am happy to have been associated with it but we don't like by any means to take any credit for it. I would like to say about Harvey Reid that this operation would not have been as successful for me had I not been associated throughout the whole activity since 1950 with Dr. Harvey Reid. He has been with me to the end and I have been with him. We are now in Endodontics

(Applause).

And if I do know a little about dentistry, Harvey Reid has taught me, but I am afraid I am still in Pseudodontics. Thank you very much.

(Applause.)

PRESIDENT KEENAN: Thank you very, very much, Dr. Lewis. I would like to now turn the gavel over to the Installing Officer, Dr. John Clay, of Calgary.

INSTALLATION OF PRESIDENT

DR. JOHN CLAY: Mr. President, Distinguished Guests, Members of the Canadian Dental Association, Ladies and Gentlemen: I am honoured at this time to install as President of this great Association a close friend and a brother practitioner of Calgary, Dr. James Zimmerman, L.D.S., D.D.S., F.A.C.D.

May I first say a few words about the Canadian Dental Association itself. Sixty-one years ago in 1902, in the City of Montreal, this Association was born. It was the offspring of a French Canadian and an English speaking Canadian union. Having been conceived in a spirit of cooperation and unity it is little wonder that despite the many hazards and difficulties of its early infancy, it has survived and flourished.

Meanwhile, dentistry in Canada grew in vision, in numbers and in awareness of the need for unity and a strong central organization. Suddenly, some

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thirty-six years ago, in this very City of Toronto, the young society reached maturity. From that day it has grown in wisdom and stature, and year by year has advanced to the useful and necessary Association of today. For nearly all of that time and for the growing strength of the Association, we are greatly indebted to our Secretary, Don Gullett. His wisdom, his guiding hand and his self-sacrificing devotion have earned for him a unique place in Canadian dentistry.

Today and at this time we begin the Association's new year. We ring out the old and we ring in the new. A new pilot, who has been tried and tested by service to dentistry for many years, takes charge.

Jim Zimmerman will be a worthy successor to worthy men. Jim was born in Russia, in the latter days of the reign of the ill-fated Nicholas II. At the age nineteen years, he landed penniless and a stranger in a strange land, but with a good basic education and the will to achieve. In a few short years he learned the language of his adopted country, earned his living, completed matriculation, attended Normal School in Winnipeg, taught school, entered the Royal College of Dental Surgeons and, in 1921, he graduated with the degree of L.D.S. from the College, and the degree of D.D.S. from the University of Toronto.

He commenced practice in Taber, Alberta, moving to Calgary in 1924, and soon took an active part in dental and community affairs. In his earlier days he was a leader in organized sports, and has carried on a keen interest in golf to the present day.

He has been for many years active in and President of a number of community organizations, and is about the best grower of gladioli in the Province of Alberta.

He was President of the Calgary Dental Society in 1935, a member of the Board of Directors of the Alberta Dental Association for some years, and the President in 1954. He became a member of the staff of the Calgary General Hospital, and since 1955 he has been the Alberta representative to the Board of Governors of the Canadian Dental Association. For some time he was liaison officer between the Board of Directors of the Alberta Association and the Faculty of Dentistry of the University of Alberta. In 1958 he received the degree of Fellow of the American College of Dentistry. Jim was married in 1918 and has three children.

Some years ago, on becoming the heir apparent to the presidency of this Association, he commenced the study of French so that he might more acceptably discharge his obligations as President of this Association.

Dr. Zimmerman, it is a personal pleasure and an honour for me to install you as President of the Canadian Dental Association, and to invest you with this insignia of office.

Yours is the responsibility for this year of leading and guiding the dental profession of Canada, and ours is the responsibility, whether we are in office or not — whether we are privates or colonels, sergeants or captains in our dental societies — of giving you our total support. Let us make this another noteworthy year of progress. (Applause.)

PRESIDENT ELECT ZIMMERMAN: Mr. President, Honoured Guests, Ladies and Gentlemen: I would like to thank you, Dr. Clay, for your warm and gracious introduction. I am very appreciative of your friendship and feel highly honoured that you are my Installing Officer.

I am cognizant of the responsibilities that one assumes in accepting such a high office. Firstly, my responsibilities are to the Canadian Dental Association in its dual objectives. As a health profession, we are responsible for the oral and dental health of the people of Canada. As a professional organization, we have the responsibility of safeguarding the common interests of our members.

Another responsibility of mine is to the A.D.A. — that is the Alberta Dental Association — which showed its confidence by re-appointing me during these last several years as the Governor from the Province of Alberta. It is my desire to uphold the fine record of three Past Presidents from Alberta, Dr. John W. Clay, Dr. Art Rooney and Dr. Ray McIntyre, and discharge my duties in such a manner that will bring credit to my province.

I have a further responsibility which is that of being the first President of the Jewish faith. It is naturally my desire and hope to accomplish my task in a creditable manner.

Mr. President, while we were in Ottawa during the C.D.A. Convention, I read the following inscription engraved over the portals of the House of Parliament: "The Wholesome Sea is at Her Gates, Her Gates both East and West." While this is a proud slogan, yet it struck me as being somewhat reserved for a country that stretches far out into the Atlantic Ocean and far into the Pacific, from the 49th parallel into the distant Arctic Islands to the North; a country that is the second largest in the world, that has the largest fresh water lakes and a lake and river system that provides navigation for ocean going vessels for 2,000 miles inland from the sea and has salt water ports on three great oceans, east, west and north; a country that possesses the world's finest and most extensive forests, the most fertile plains, the richest reserve of metals and minerals and the greatest reserves of water power resources, and with all that, a country of diverse, picturesque and majestic scenery that captivates the traveller.

It may be truly said that Canada possesses wood and food, metal and minerals and electrical energy that the rest of the world is striving for. Only about ten years ago it was said, "The second half of this century belongs to

Canada." I am convinced that this statement will prove to be true within the lives of many amongst us who are present here today.

While Canada possesses great assets in natural resources, its greatest asset is its people. A new race is emerging in the welding process that goes on from east to west, forming a transcontinental nation that is destined to greatness.

And within this fabulous land, and among its great people there is a group of some six thousand men and women who were given the mandate, due to their education and training, to serve the oral and dental needs of its citizens. By virtue of this mandate we are part and parcel of the body politic of our country. We cannot be apathetic to our social responsibilities as a great profession within our nation.

The members of the dental profession of Canada have served the nation conscientiously and diligently. We have also been the vanguard in the promotion of dental public health, fluoridation, dental research. We have consistently advocated the increase of teaching facilities in existing schools of dentistry and unremittingly worked for the establishment of new schools. We have diligently applied ourselves in the recruitment of dental students.

It is a page in history that progress has been made, but much more is still to be done.

As we are gathered here, representatives from all parts of Canada, we realize that the Canadian Dental Association has achieved a cohesiveness within the profession; has become the authentic voice of the profession within the nation and in dealings with federal and provincial governments. This accomplishment is mainly due to long range planning, to the foresight, zeal and energy of our Secretary, Dr. Don Gullett, to the valued contributions made by the Past Presidents and members of councils and committees who have given generously of their talents, time and energy.

What of the future? Man is influenced by the currents prevalent in his environment. These currents are bringing forth social changes and, as a health profession, we must take into account the direction of such changes. There is the definite trend towards the expansion of social security which will encompass health benefits. We hear these days much about "Medicare," and you can be certain that "Denticare" is bound to follow.

The exhaustive hearings and studies of the Royal Commission on Health Services are now completed. No doubt the report and the recommendations will be presented some time this year.

We will be facing new challenges, new problems. The meeting of such challenges and the solving of such problems is essential to the life of a profession.

We need your support, your cooperation and assistance and with the ability, dedication and enthusiasm of our headquarters staff the job can and will be accomplished. We need to tackle it together with courage and determination, and the high principles of our profession will be maintained.

I most heartily want to thank you for the high honour you have bestowed upon me and hope and pray that I may measure up to the job ahead of me. I am accepting this honour on behalf of the dentists of Alberta, whom it was a privilege to serve throughout the years. (Remarks in French)

PAST PRESIDENT

DR. CLAY: Thank you, Dr. Zimmerman. I am sure your year will be successful. And now it is the time of year, it is the new year which is upon us for the Canadian Dental Association, and so it is time to ring out the old. I look at your retiring President and I do not see the usual New Year image of a decrepit old man, all lined and bent who is about to slide off into obscurity. Dr. Keenan's greatest years of service are still long before him.

In looking through an old scrap book not long ago I came across some lines translated from the Greek which were quoted in a speech at Hart House some years ago:

Not by her houses neath,
Nor by her well-built walls,
Nor yet again
Neither by dock nor street
A city stands or falls,
But by her men

Not by the joiner's skill,
Nor work in wood or stone,
Comes good to her or ill,
But by her men alone.

Vince has proved himself one of those stalwart men. We can say with confidence, and in appreciation of his outstanding services, words which we all have heard: "Well done, thou good and faithful servant. Enter into your reward."

And what is that reward? Dr. Keenan, at the moment we now reward you with this emblem of a Past President of the Canadian Dental Association. It has been well and truly earned. (Past President's Jewel presented to Dr. Keenan.) (Applause)

Also, it is my pleasure to present a gift for Dr. Keenan and for the wife who in the dim background has done so much to support him in this work, with this token for both of them to remember our appreciation of their work. (Engraved aspic dish presented to Dr. Keenan.)

ANNUAL ASSOCIATION MEETING

He is trying to get away but I am holding him by the coat sleeve. I wish to say one thing more. Into the future you carry the thanks of the members of our Association. Your life has been enriched by the service you have given and by the hosts of new friends as well as the old ones who wish you well. (Applause)

Thank you, Ladies and Gentlemen. I now turn the gavel over to the President.

PRESIDENT KEENAN: Well, thank you, Dr. Clay. This is certainly a surprise. It certainly was appreciated. I don't see any particular use I will get out of it, but I know it will be used around the house if that will suffice the donors. I want you to know my wife will very much appreciate this.

I want to thank all of you. It has been a very eventful and inspiring year. People have asked if it were tiring. It was at times, but the spirit of adventure was very much appreciated. I want to particularly thank the Secretary who has gone through this with a new President something over twenty times. While the novelty must have worn off for him it wasn't for me.

I want to thank the many friends I have made from Newfoundland to Victoria. I will long remember this.

It is now two o'clock and this meeting is now adjourned.

7 DAYS

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7 DAYS ONLY
IT CANNOT BE RENEWED

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